



Trust Board	
Date of Meeting:	28th November 2018
Report Title:	Joint Chair's Report

Agenda reference Number	08/1118
Accountable Executive Director (AED)	Not Applicable
Presenter (if not AED)	Ingrid Barker - Chair
Author(s)	Ingrid Barker - Chair
Board action required	Note
Previously considered by	Not Applicable
Appendices	

Executive Summary

Recognising the Strategic Intent work and my role as both Chair of Gloucestershire Care Services and together this report format reflects the breadth of my activities across both Trusts. The production of a joint report does not impact on my existing accountability as the appointed Chair of each Trust.

The Report also provides an overview of Gloucestershire Care Services Non-Executive Director (NED) activity.

Recommendations:

The Board is asked to:

1. **NOTE** the Report.

Related Trust Objectives	1,2,3,4,5
Risk Implications	No risks identified
Quality/Equality Impact Assessment Requirements/Implications (QEIA)	Implications are clearly referenced in the report
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Joint Chair's Report

1. Introduction and Purpose

This report seeks to provide an update to both Boards on Chair and Non-Executive Director activities in the following areas:

- Strategic Intent
- Board Development
- Working with our partners
- Working with our colleagues
- National and Regional Meetings attended and any issues highlighted

1.1 Strategic Intent Update – Moving Towards Developing an integrated Physical and Mental Health Care Offer with 2gether NHS Foundation Trust

The work in the two Trusts to move forward the Strategic Intent continues, with progress and overall monitoring being maintained through the agreed governance processes.

As advised at the September Board, both Trusts agreed the submission of the Strategic Case to NHSI by 30th September. As part of the review of the submission NHSI have held a number of meetings with key colleagues within both Trusts, including Non-Executives and also held an Executive Challenge meeting. Formal feedback from these processes and on the Strategic Case document is expected at the end of December 2018.

The Strategic Intent Leadership Group, which is made up of Non-Executives and Executives from both Trusts, has moved to monitoring progress against the next stages of the proposed merger.

The Council of Governors at 2gether NHS Foundation Trust, in line with their statutory responsibility in relation to “significant transactions” continue to be engaged in the merger process. As the Trusts work together we keep at the heart of all our work the needs of service users – ensuring we are looking after today's users but also thinking about how we can improve services for the future. This ambition was central to the important work begun in October to develop the vision and values for the merged organisation. This work involved significant numbers of colleagues and service users and while logistically challenging really helped to build understanding between colleagues and with service users – I would like to thank those who attended for their open and honest contribution. Other mechanisms to ensure service users remain central to our transformation work are continuing to be developed.

1.2 Board Development

A Joint Board Development session took place on 25th October 2018. This was a session supported by The King's Fund, a respected think tank that shapes health and social care policy and practice. On this occasion we heard from Andrew Cash, Chief Executive for the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS). This ICS includes five Clinical Commissioning Groups, 12 provider organisations, including acute trusts, mental health trusts, children's trust and ambulance trusts and six Local Authorities. Andrew's commentary, informed by his previous role as Chief Executive of the Sheffield Teaching Hospitals NHS Foundation Trust, was insightful and should be helpful in informing our considerations as the One Gloucestershire ICS develops. The processes SYB ICS has in place to provide wider accountability to communities struck a particular resonance – as a Chair of provider organisations within the One Gloucestershire ICS I am keen to ensure we consider these important issues.

We also heard from Anna Charles, Senior Policy Adviser, The King's Fund, who was a key part of the review by the King's Fund "A year of Integrated Care Systems – reviewing the journey so far." Again this session helped to deepen understanding of how Integrated Care Systems are operating and the good practice which we can learn from.

A full programme of Board development is planned. These sessions are an important part of the work we are doing to bring our two Trusts together, ensuring that our shared values stay at the heart of what we are working to achieve and that best practice in both organisations is maintained and enriches our work.

Work to appoint the shadow Board for the new merged organisation is now underway. An appointment process for Non-Executives will start in late November/early December with colleagues and stakeholders from both organisations and, of course, led by the Council of Governors.

1.3 Working with our Partners

Maintaining **business as usual** remains a priority across both organisations. As part of this I have continued my regular meetings with key stakeholders including:

- The Chair of the Gloucestershire Hospitals NHS Foundation Trust
- Meeting with Jesse Norman MP
- Meeting with NHSI to discuss the merger plans

In October we were delighted to host Dr Henrietta Hughes, National Guardian for Freedom to Speak Up in a Regional session with colleagues from both Trusts, including Jan Marriott and Maria Bond who are the Non-Executive Freedom to Speak Up leads for GCS and 2gether respectively. The session updated on national issues, further raised the profile of this important work, and

was an opportunity to celebrate how both Trusts have embraced this agenda, most recently with the development of Freedom to Speak Up Advocates.

In November, several Board members from both Trusts and I were pleased to attend the first ever '**More than ACEs** [*Adverse Childhood Experiences*] **Conference**' with over 250 professionals from a range of organisations, to hear from local, national and international speakers on this area of significant concern to both GCS and 2gether. Julian Moss, Assistant Chief Constable at Gloucestershire Constabulary, explained that "ACEs are specified traumatic events which happen before the age of 18 years. Research shows frequent exposure to ACEs, without the support of a trusted adult can lead to toxic stress. Some traumatic events can be avoided if we can spot the signs and intervene, and by working together we can all help to improve the lives of children who may have faced difficult circumstances. We are seeking to build a social movement in Gloucestershire where individuals, communities, businesses, and the public sector all make a difference by taking action on ACEs". The impact of ACEs on both physical and mental ill health in adult life is well documented and this is a vital preventive theme being pursued by the health and Wellbeing board.

GCS and 2gether are committed to supporting the Action on ACEs Gloucestershire strategy, launched at the event, which outlines how the County as a whole can protect children from the things that harm them, break the cycle of ACEs by making sure that children have supportive, trusted adults and the life skills they need to thrive and flourish.

The **NHS Provider Annual Conference** in Manchester in October was a great opportunity to meet with colleagues and consider the national context and share good practice on how as providers we can respond to challenges such as recruitment. A number of colleagues from both Boards - Executive and Non-Executive attended. We were particularly inspired by the ambition set out by Andy Burnham in his speech "Messages from Place-Based Integration and Whole Person Support: the Greater Manchester Model". The Joint Board development session in December will have an opportunity to review this work.

I attended the **NHS Providers Board** on 7th November. Board have been briefed separately on this.

The **South West Chairs Meeting** enabled focus on more regional issues and consideration of how we are responding to the changes in the health system.

I attended the **Gloucestershire Health and Wellbeing Board** in November which considered the Director Public Health's Annual Report which focussed on mental wellbeing; an update on Self Harm; deep dives on the proposal for loneliness/isolation and air quality and health; an update on the Joint Health and Wellbeing Strategy and a general report on Activity on Health and Wellbeing matters in Gloucestershire.

Duncan Sutherland, Non-Executive Director for 2gether NHSFT, attended the **Herefordshire Health & Wellbeing Board** in October which considered the quarter 1 report for the Better Care Fund; the Children and Young People's Plan for 2018-2023 and the Director of Public Health Annual Report for 2017.

I took part in a telephone conference with the **Chair of Hereford & Worcester STP**, Charles Waddicor, in October.

I have attended two half-day workshops of the **Gloucestershire Strategic Forum** in October and November. A further half-day workshop is planned for December. These are helpful sessions which will inform the governance of the Integrated Care System going forward.

A **regular meeting of the Health Care Overview and Scrutiny Committee (HCOSC)** took place in November. I attended the meeting with executives from both Trusts - Candace Plouffe and Jane Melton. The meeting focused on ongoing developments and pressures in the health system, including the challenges relating to radiology currently and a proposed pilot to reconfigure general surgery across the two acute hospitals.

We continue to build our relationship with the Health Care Overview and Scrutiny Committee and were delighted to host our yearly informal session for Scrutiny members at Pullman Court where GCS and 2gether were able to provide an overview of our services and the merger to help inform the more formal meetings. This is the first time 2gether and GCS have met jointly with the HCOSC Committee members in this way and it was a lively and engaging session.

The county's **Health Chairs** also met for our regularly quarterly meeting in November.

A recent important event was a meeting of eight Community Trust Chairs with **Dido Harding, Chair of NHSI**, organised by the Community Network which is jointly supported by NHS Providers and the NHS Confederation. The network comprised providers (including social enterprises spun out from PCTs) who provide community services, sometimes in standalone community trusts, some in mental health / community and some acute/ community. The Chairs at the meeting were representative of this diversity. Our aim was to raise the profile of community services with Dido and highlight issues and celebrate the role that community services play in the wider system. Board colleagues have been briefed separately on the detail of this meeting.

2. Working with the Communities and People We Serve

The Chief Executive and I held our regular quarterly meeting on 27th November with the **Chairs of Leagues of Friends** and updated them on the work the Trust, and the wider Integrated Care System, including how this is progressing in their locality with the piloting of Integrated Locality Boards in some areas.

Whilst there is of course particular focus on the work of the community hospitals, Leagues of Friends also updated on how they are, in a number of cases, supporting wider community services.

I have also met with Tim Poole, Chief Executive of Carers' **Gloucestershire** for a briefing on latest developments with this important partner.

3. Engaging with our Trust Colleagues

I continue to meet regularly with Trust colleagues at GCS and **2gether** and visit services at both Trusts to inform my triangulation of information.

I engaged in a number of sessions at the **Trusts' Values Week** and enjoyed meeting colleagues and service users and learning more about what makes a good day and a bad day and considering how we, as Boards, can help ensure that the features of good days are the basis of how we work.

I had an introductory meeting with **newly elected Governor for 2gether** – Alison Feher – who is excited to be joining the Council of Governors at such a key time and keen to play a full part in helping to ensure that the best possible services are provided to the community. I also met with **newly elected Governors Mervyn Dawe and Nic Matthews**. These individual meetings reinforce to me the role of the Council of Governors in providing accountability to the wider community – a core responsibility which all of them are committed to achieve and which I saw reflected at the latest Council of Governors meeting. In addition I was 'shadowed' for two days by a colleague from Herefordshire **2gether** services, Janine Soffe Caswell as part of her development programme.

On 11th October I visited the **Maxwell Suite at Wotton Lawn** and attended a meeting of Trust colleagues responsible for organising the work of the **Mental Health Act Managers**.

I was delighted to attend a **2gether Trust Volunteers Tea Party** celebrating the contribution that Volunteers make every day to help provide additional support to service users and their families.

I am pleased to be continuing to develop my knowledge of the **2gether** and GCS teams and their challenges, more recently at the **SAS Doctors Away Day** which was a great opportunity for two way communication – both about the merger but also their day to day work.

4. NED activity

Since my last Board report the Non-Executive Directors for both **2gether** NHSFT and Gloucestershire Care Services NHST have met for separate team meetings, as well as a Joint NEDs meeting.

A schedule of NED meetings has been arranged going forward.

Other activities undertaken by the Gloucestershire Care Services NEDs - key meetings and events have included:

- Attendance at Trust Board, Committees, Board Development and Board Seminars (both GCS and Joint with ²gether)
- Strategic Intent Leadership Group (SILG) meetings (Graham Russell, Jan Marriott)
- NED Meetings
- Values Week Workshops (Graham Russell, Jan Marriott, Nick Relph, Nicola Strother Smith and Richard Cryer)
- Visit to Charlton Lane Hospital (Graham Russell, Nick Relph, Nicola Strother Smith)
- Mortality Review Group (Jan Marriott)
- Quality Visits (District Nurse Referral Centre – Cinderford – Jan Marriott)
- Clinical Reference Group (Jan Marriott)
- Meeting with Freedom to Speak Up Guardian) (Jan Marriott)
- Volunteer Strategy Group (Nicola Strother Smith)
- Meetings of the Gloucestershire NHS Trusts Audit Committee Chairs (Richard Cryer)
- Complaints Audit Meeting (Richard Cryer)
- Learning Difficulties ERG (Richard Cryer)

The Quality Visit Reports are reported within the Quality and Performance Committee.

7. Conclusion and Recommendations

The Board is asked to **NOTE** the Report.

This page has been left blank



Trust Board

Date of Meeting: 28th November 2018

Report Title: Chief Executive and Executive Team's Report

Agenda reference Number:	09/1118
Accountable Executive Director: (AED)	Not Applicable
Presenter: (if not AED)	Paul Roberts – Joint Chief Executive
Author(s):	Paul Roberts – Joint Chief Executive
Board action required:	Note
Previously considered by:	Not Applicable
Appendices:	

Executive Summary

Recognising the Strategic Intent work and my role as both Chief Executive of Gloucestershire Care Services and ²gether this report reflects the breadth of my activity across both Trusts. I remain accountable separately for the performance of each of these roles.

The Report also provides an overview of Gloucestershire Care Services operational service activity.

Recommendations:

The Board is asked to:

1. **NOTE** the Report.

Related Trust Objectives	1,2,3,4,5
Risk Implications	No risks identified
Quality/Equality Impact Assessment Requirements/Implications (QEIA)	Implications are clearly referenced in the report
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Chief Executive's Report

1 Chief Executive Engagement

I remain committed to spending a significant proportion of my time visiting front-line services in both organisations and continue to be impressed and heartened by the professionalism and commitment of colleagues across the organisations and in the pride that they take in the delivery of, in many cases, outstanding services.

Services I have visited in recent weeks include:

Gloucestershire Care Services:

North Cotswold Hospital – I met with colleagues and service users to understand how it is on the ground before we move to winter pressures..

George Moore Clinic – I enjoyed seeing the services provided at the Clinic and to find out more about how we work with the GPs and Great Western Hospital in this area.

Cirencester Hospital – to host Team Talk, one of our mechanisms for two way communication with colleagues from both Trusts, where some helpful questions were asked which will be taken forward to shape our future thinking and also an “Open Door session which volunteers and paid colleagues attended. Both sessions were well attended and proved a great opportunity to understand local challenges.

Cheltenham integrated care team, to listen to their particular concerns and challenges which are now being considered by the Executive – as updated within the services update element of this report.

2gether Services:

Afternoon Tea in Celebration of Contributions made by Volunteers and Experts by Experience –. An educational and inspiring afternoon where we heard from experts by lived experience about their own recovery journeys and were able to thank the many, many people who give their time freely to support people using our services. Mental health services are frequently ahead of the rest of the NHS world in truly appreciating the major contribution of those who use our services to designing and delivering them better.

QI Inspiring and Driving Group. This is a 2gether group, which has invited GCS colleagues to join it (an excellent thing to do and to reciprocate), which focusses on using QI (Quality Improvement) methodology to improve services. The group was not set up by Trust management and is a true community of interest. We discussed how we would join their work up with our emerging “Better Care Together” plan

Corporate Departments – as part of getting to know these key teams, who help support our clinical colleagues in getting on with their day job, I have had a number of walk arounds and informal visits in Rikenel. (This mirrors the walk arounds I have previously done at Edward Jenner Court, GCS).

Recovery Services, Leominster – It was great to get out and meet colleagues at this key service and hear more about how they are supporting service users at challenging times in their lives.

As the strategic intent progresses it becomes increasingly difficult to separate into the services of each Trust – with colleagues from both trusts now regularly engaging together – as demonstrated within the QI update above.

2 Progress on the strategic intent to merge Gloucestershire Care Services NHS Trust (GCS) with 2gether NHS Foundation Trust

In the foreword to the **‘Strategic Case’ for our merger, which both Boards approved for submission**, Ingrid and I called the **joining up of mental and physical healthcare a social justice issue**. This is because we understand the evidence that those with a mental illness live shorter, less healthy lives and those with long-term physical illnesses frequently suffer mental health consequences, which are often untreated. If you have a learning disability then these factors are likely to be even more pronounced. One of the most rewarding parts of my role is finding that my colleagues feel strongly about these issues too.

We are in the process of developing a summary of the Strategic Case which we will be able to share with colleagues and stakeholders

The development of the Strategic Case has been a thorough and comprehensive process which keeps at its heart the difference to service users we are working to achieve. It has involved colleagues from both Trusts working together to test the premis within the Strategic Intent and ensure that it delivers for our communities.

Following submission of the Strategic Case NHSI Improvement have held an interview process with a number of Board level colleagues from both Trusts, both individually and a wider Executive Challenge Team to test out the Strategic Case – with the focus on ensuring clinical safety and sustainability in the proposed new organisation. We await formal feedback from these sessions which will inform the development of the Full Business Case.

This work will continue to involve clinical colleagues and further develop involvement of service users. **Values Week** was a clear demonstration of this with over 1,400 colleagues and over 50 service users providing valuable input into the values that we need as the bedrock of our new organisation.

I was pleased to see colleagues from GCS and 2gether engaging with such openness and honesty. This willingness to see things from each other's perspectives will be very valuable as we take forward the transformation of services. The feedback from this week, which was mixed, gives us a clear message that we need to do even more to involve and communicate with colleagues as we proceed. This is a message we as Boards will reflect on as we take forward the valuable output from the sessions to put in place the foundations required for the new organisation, and recognising the good practice in the two Trusts.

Work is ongoing to put in place the appointment processes for the shadow Board which is another key next step in the merger process. The Non-Executive appointment process is scheduled for the end of November/beginning of December and the Executive appointment process for January. We will of course be including colleagues, stakeholders, service users, experts by experience from both Trusts in both these processes, with the 2gether Council of Governors fully engaged in line with their key responsibilities.

Trust Name

Board members may recall that a 'Name that Trust' survey has been circulated within both organisations – primarily during Values Week – to consult colleagues on what our new organisation should be called.

We have now received more than 1,440 responses and the survey remains open on the intranets, should colleagues who were unable to attend Values Week wish to have their say.

Our next priority is to consult with the public members of 2gether. To achieve this, a short article and the survey link will be printed in the next membership newsletter, due to be published in the first week of December.

We propose closing that survey on December 28, at which point all responses will be analysed by our respective communication teams. There is a need to share the most popular names with NHS England, which governs NHS identity guidelines. NHS England will advise us on the suitability of our shortlisted names.

We can then prepare an update paper for 2gether's Council of Governors, when it meets on January 15.

We will then need to consult with our closest partners, such as the CCGs, partner providers, local authorities and Healthwatch, to ensure our proposed name/s does not cause any confusion or concern.

Finally, we will present papers to the Shadow Board once appointed, before a final name proposal is presented to 2gether's Council of Governors, as the name will require a change to 2gether's constitution.

It is possible that the chosen name will include Gloucestershire, please note we have the option of choosing a separate name for the services provided in Herefordshire something that we would clearly wish to do. Within the NHS England brand guidelines, there is guidance on NHS 'service logos' being used where NHS organisations are delivering services outside of their 'geographical area', and where a name could confuse patients and the public. The guidance explains that organisations should include a textual statement which explains that our NHS organisation is responsible for delivering the service.

3 “One Gloucestershire” Integrated Care System (ICS)

An update from on the work of the ICS is a separate item on the agenda.

3.1 Developing Integrated Working

Mary Hutton (the CCG accountable officer) and I were privileged to attend the last session of the One Gloucestershire Leadership Development Programme. This programme has been specifically designed to mix leaders from the three NHS Trusts in the county together and to promote an ethos of integrated working across organisational boundaries. Around 50 people have taken part so far and those from 2g and GCS who have spoken to me say it is a really effective programme. I am therefore hoping that now we have our Gloucestershire Integrated Care System in place we will expand this programme to include CCG, primary and social care colleagues too.

3.2 CEO Leadership

I have been asked to take up the CEO leadership of three programmes within the Integrated Care System: Diagnostics, Urgent Treatment Centres and Quality Improvement. These strands are key to both Trusts and taking the helm within these programmes will enable me to ensure we are at the centre to shape them to the needs of the community, reflecting our knowledge and experience.

3.3 King's Fund

I attended informative sessions from the King's Fund Future of Regulation and ICS Community of Practice which were as thought provoking as their sessions normally are – it is good to get the opportunity to be stimulated to think outside the box.

4. NHS70 Awards. - Gloucestershire

Although this event took place on the evening of our last Board this is the first opportunity for me to formally report to Board on the outcome of this latest celebration of the NHS 70th birthday milestone. The event was organised by Gloucestershire Live and the Gloucestershire Clinical Commissioning Group to

Gloucestershire Care Services NHS Trust Board – **PUBLIC SESSION** – 28th November 2018

AGENDA ITEM: 09 Chief Executive and Executive Team Report

Page 5 of 14

celebrate the achievements of those working in the NHS and social care with GCS and 2gether nominees being judged by the panel with colleagues from other Trusts.

I am delighted therefore that, between them, GCS and 2gether won 6 of the 13 awards. Kevin Garraway-Pitts, the Macmillan Next Steps Cancer Rehabilitation Team, the Abbey Ward (Wotton Lawn) Healthcare Assistants, the Homeless Healthcare Team, Aoife Price, and Tina Kukstas all won awards.

We also dominated the finalists with the Criminal Justice Liaison Service, the Physiotherapy, Health and Exercise Team, the Complex Leg Wound service, Mulberry Ward (Charlton Lane), Brian Mountford, Lisa Davis, Angela Cooper, Helen Wilson, Rhondda May, Gloucestershire Self-Management Programme Volunteers, the Community Diabetes Service, the Social Inclusion Team, Kelly Williams and, shortlisted for a lifetime achievement award, Lisa Davis, the Recovery Team Secretary.- a fantastic recognition of colleagues who on a daily basis go the extra mile to support the users of our services – and each other. A highlight for me was a recent breast cancer patient, Victoria Newland, telling us her story and singing the praises of, amongst other services, the MacMillan Next Steps Cancer Rehabilitation Team.

5. Director of WRES Implementation at NHS England visits the Trust

Yvonne Coghill OBE, Director of Workforce Race Equality Standard (WRES) Implementation at NHS England visited the Trust in September and met with colleagues from both GCS and 2gether to consider opportunities to further develop, and then embed, Race Equality and further the inclusion agenda within the organisation.

Yvonne was awarded an OBE for services to healthcare in 2010 and was appointed as Director for WRES Implementation in June 2015 and last week it was announced she has been elected as deputy Chair of the Royal College of Nurses

As part of her visit to the Trust, there was an opportunity for Yvonne to meet our Black and Minority Ethnic colleagues from across both organisations, to understand their experiences of working in the Trusts.

6. National Guardian for the NHS visits the Trust

As also updated within the Chair's report Dr Henrietta Hughes, National Guardian for the NHS, visited GCS in October to meet colleagues from the Trust and representatives from all Trusts in the South West. This coincided with the national *Speak Up Month* campaign.

Every Trust in England has a Freedom to Speak Up Guardian, so that colleagues are able to share issues or concerns which may ultimately affect patient safety or staff experience.

Dr Hughes met with members of the Boards and colleagues from both Trusts, sharing her thoughts and insight on why it's so important for workers to be able to speak up in a supportive environment. She emphasised this was particularly important during a period of organisational transition - feedback which we will ensure we keep central to our working and thinking as the transformation agenda is progressed.

Dr Hughes also commented very positively on the time and resource GCS has committed to this important role which has made a difference at both a regional and national level. GCS Freedom to Speak Up Guardian Sonia Peacey chairs the regional network: which achieves excellent regular attendance, external speakers and provides a safe space where Guardians can share their experiences and gain valuable support. Sonia also provides regional training and mentoring for Guardians and ambassadors. We were delighted to hear of the impact Sonia is having in supporting the operation of this key mechanism to ensure the voice of all colleagues are heard.

7. Learning from and Sharing Good Practice

Since the last Board I have attended a range of events to share and benefit from good practice in the sector, including:

- A meeting with the CEO of the Royal College of Occupational Therapists
- The NHS National Providers Conference
- Continuous Improvement Communities Workshop
- NHSP Community Network
- King's Fund – Future of Regulation
- King's Fund ICS Community of Practice

I am keen to ensure that the Trusts are not inventing their own wheels and are benefitting from testing and good practice that other areas have developed to ensure that we move as quickly as possible to develop the best possible services for our communities, and make best use of resources.

8 Operational Service Overview

8.1 System flow and Resilience

Gloucestershire urgent care system demand was slightly above planned levels in October, with 388 more attendances over the course of the month (total of 11 a day across the two Accident and Emergency departments), equating to a variance of 3.14%.

Overall, Accident and Emergency performance was 90.4%, just above the 90% target.

Quarter 2 the 4 hour performance hit the agreed trajectory of 90% with an achievement of 90.2%, continuing the successful delivery seen in quarter 1 with 92.3% achievement. Gloucestershire was the second best performing South West North provider in quarter 2, just behind Swindon.

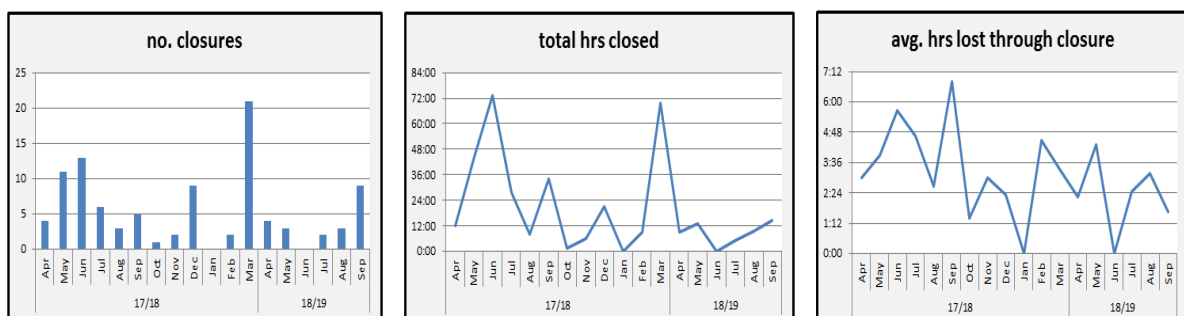
Minor Injury and Illness attendances have increased by 6.9% year to date when compared to the same period last year, equating to 2,471 additional attendances. October has seen a reduction of 92 attendances against September.

Summary of weeks 1-30 – Hospital site breakdown

	Cirencester	Dilke	Lydney	North Cotswold	Stroud	Tewkesbury	Vale	Total
17/18	6860	4024	4457	3438	9377	4098	3618	35872
18/19	7555	4880	3914	3714	10074	3980	4226	38343
Change	695	856	-543	276	697	-118	608	2471
%	10.1%	21.3%	-12.2%	8.0%	7.4%	-2.9%	16.8%	6.9%

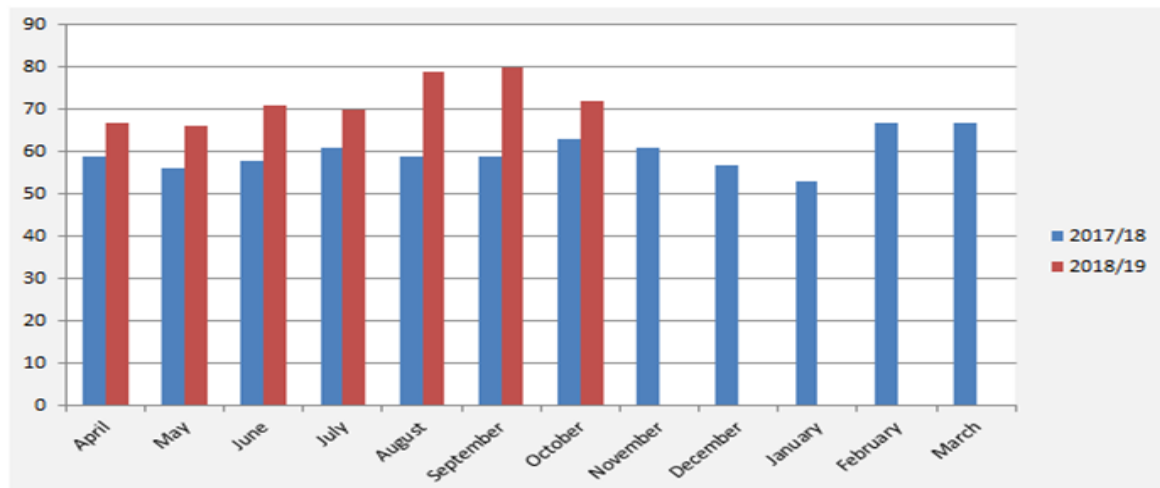
Lydney & Tewkesbury are the two sites to have seen fewer attendances than this time last year. Dilke has seen the highest increase both in terms of overall numbers and percentage increase, but this will have been impacted on the closure at this site over a number of weeks in 17/18.

There were 9 closures of MIUs in September amounting to 14 hours and 49 minutes, giving an average of 1 hour 38 minutes per closure.



Despite the system focus on addressing discharge delays and maintaining flow the national Delayed Transfer of Care (DTOC) standard was breached with the system September's rate of 3.9%, equating to 104 breaches over the national 3.5% standard.

Alongside a rise in DTOC, the patients identified as medically fit in October averaged at 72 patients per day, and 18/19 is trending at a much higher level than 17/18.



As a result this has become an area in which all system partners are reviewing and focussing on to ensure good capacity is available in the whole system to supporting the expected increase in demand over the winter period..

For Gloucestershire Care Services NHS trust the DTOC rate in October was **1.3%** which demonstrates the proactive approach by the teams in managing flow and ensures the community hospital patient pathway remains strong in supporting overall system performance.

For the Trust, the community hospital bed occupancy for October was 93.9% which was a reduction from September, and brings our year to date position at 92.8% against the 92% target.

As noted in the September board and last Quality and Performance Committee, the Gloucestershire's Urgent and Emergency Care Resilience Plan 2018-19 which will be shared with the Trust Board was ratified by the Gloucestershire A&E Delivery Board on the 19th November. The plan can be found in Appendix 1.

9. Operational Service Development and Challenges

9.1 Timely Access to Services:

October performance has seen improvement with only 4 service areas experiencing challenges in providing services in a timely way. As previously noted, detailed action

plans are in place and are monitored regularly with further scrutiny occurring in the Quality and Performance Committee.

The most concerning area of performance relates to **Adult speech and language therapy service**, which continues to perform below local 8 week access target and

had a further deterioration this month, down to 41.7%. It is also just meeting the NHS Constitutional access standard of 18 weeks. A detailed review of the service clinical model, demand, capacity and workforce challenges has been completed and a recommendation will be made to the Executive team on the changes required to deliver a strong and sustainable community service model going forward.

Musculoskeletal (MSK) physiotherapy did not meet the local 8 week referral to treat target of 95% with a performance of 93.1%. However this service continues to steadily improve its performance. This is being supported by the implementation of the NHSE demand-capacity framework in which key clinical and operational service leads have been involved in additional training in designing and using this tool.

Adult Physiotherapy and Occupational therapy in the Integrated Community teams are both below local target, which relates to the transition from moving from the previous service model to a new one, particularly for Occupational therapy. However therapy service performance had improved from the previous month, and the average wait for allocation is 5.5 weeks for physiotherapy and 7.0 weeks for Occupational therapy.

10. Service Updates and Developments

10.1 Temporary Changes to Radiology Services in all Community Hospitals

From the 19th November, the Community hospitals radiology provision contracted by the Trust from Gloucestershire Hospitals NHS Foundation Trust will be temporarily reduced to ensure a sustainable and safe Interventional radiology service can be offered in the acute setting.

Appendix 2 details this change in a paper that that was considered by the Gloucestershire Health and Social Care Health and Overview Scrutiny Committee on the 13th November. This paper includes the proposed actions to reinstate the service to normal provision as soon as possible.

The Scrutiny Committee has asked for monthly updates, with a fuller briefing in 3 months' time to understand patient impact and progress on an alternative workforce model to address the ongoing workforce challenges.

10.2 Rapid Response pilot Flu vaccination and detection pilot in Care Homes

There is a pilot underway this year, commissioned by Public Health Commissioners to increase the uptake of flu vaccinations of the workforce working in Care Home settings.

The Rapid Response Team has been delivering this pilot, and have providing flu vaccinations in a number of designated care homes participating with good uptake.

The commissioners have also requested the Trust design a further pilot scheme to support early detection of flu in Care home residents using near patient testing, with the intention to be able to isolate and reduce the spread of flu within this vulnerable population. We are anticipating being able to start this programme in the next month, in line with the anticipated peak flu season.

10.3 Stroud and Berkeley Vale Locality

Refurbishment of Cashes Green ward is nearing completion, and the current re-opening will occur in mid-December, later than the anticipated completion date (end of October/beginning of November).

Although confident we can continue to support system flow with the current temporary reduction of 5 community hospital beds, a lessons learned session is planned to determine what were the unaccounted for events or gaps in planning that resulted in the inaccurate forecasting of completion dates.

The lessons learned session will also review the impact on other services, including both outpatients and theatre use to determine how any future works can minimise disruption to these services.

The other significant work underway in this locality is the development of the Community Stroke rehabilitation unit at the Vale Hospital. Recruitment is now complete for key roles, and following minor capital works as previously noted, the new service should be fully operational early in the new year.

10.4 Cheltenham Locality

October Resources Committee (previously the Finance and Workforce and OD Committees) received a proposal to create a Cheltenham clinical and administrative hub for adult services at Independent Living Centre (ILC) and a similar hub for children and young people's services at Springbank community centre.

This proposal will address current issues with accommodation for the existing services in ILC, including for the integrated community team that were moved into this site following notice served by the council on their previous base. It will also include space to accommodate current services using the Prestbury Centre, as this will no longer be available to the Trust from the end of March 2019.

Work is underway to engage colleagues in the long term plans for the ILC, and address their concerns related to the environment that is impacting on service delivery in this site and overall staff morale.

Unfortunately for the services in ILC, a significant leak in the roof has resulted with the need to temporarily displace colleagues either into other parts of the building or into Springbank community centre until this can be replaced while the refurbishment plans are finalised and authorised by the Director of Finance.

The Executive team is mindful of the significant disruptions these teams have been experiencing, along with cramped accommodation and are working with the Operational and clinical leads to support them through this challenging period.

10.5 Gloucester Locality

Work is now complete at the Gloucester clinical community hub at Southgate Moorings, with a number of Countywide services moving to this new facility over the next few weeks and patients being provided with appointments in this setting in December.

Discussions continue with the Commissioners on expanding the current Complex leg wound into Gloucester city locality, should additional funding be forthcoming to support this the intention is to refurbish the ground floor of the Gloucester clinical community hub to provide this service, along with community and out of hours community dental services currently located in this space.

10.6 Forest of Dean Locality

As the Board will be aware from the Service User Update at the September Board the Trust has in place a Complex Care at Home service in Cheltenham and Gloucester localities The Trust is now progressing plans for its implementation in the Forest of Dean.

We have been commissioned by the Forest of Dean Integrated Locality Board (ILB) to deliver this service and have achieved this by also working collaboratively with GPs, together colleagues Forest of Dean District Council and the Gloucestershire CCG. The planned “go live” is for January 2019 and recruitment & selection of staff is underway.

The aims of the Service are:

- To support self-management and improve independence and resilience for patients with complex health conditions and/or frailty
- Better support for patients to remain at home
- Identification of people through a predictive risk stratification model and/or clinical judgement
- Case management and care co-ordination by a community matron

- Multidisciplinary preventative care at home
- Practitioner team skill mix which is flexible and varies to meet patient need
- Positive risk taking (fail & try again)

The Service Team will comprise :

- Matrons/Case Managers
- Snr Dementia Matron
- Administrator
- Wellbeing Coordinators
- Physiotherapist
- Occupational Therapist
- Adult Social Care – Care Navigator
- Dietitian
- Community & Voluntary Sector Partners

It will work alongside colleagues in ICT – MDT meetings, close collaboration within teams and avoid duplication of work

10.7 Flu Vaccinations

As of 16th November we have achieved 52% against a national target of 75% - work is progressing to achieve the target (last year the Trust achieved its target of 73%). Flu vaccination clinics and our peer vaccinators are rotating across the Trust's services and a communication plan is in place to reinforce the importance of having the vaccination.

We also took advantage of the Values Week sessions to offer the vaccinations to colleagues at an earlier point in the year than previously.



10.8 # Stop the Pressure Campaign

The Trust extensively engaged with, and supported, the national # Stop the Pressure campaign which took place on 15th November. This involved many of our colleagues being creative in raising the importance of preventing & treating pressure ulcers both of which are aligned to the Trust's quality improvement activities. The Trust's performance in preventing and treating pressure ulcers has been an area of significant improvement in recent months and we are maintaining are focus on this important area.

Key communication messages utilised included:

Are Your Patients Feeling The Pressure?

Wear a red dot: Start the conversation around preventing pressure ulcers

Pressure ulcers can affect anyone and can cause significant pain and distress. Pressure ulcers contribute to longer stays in hospital, increasing the risk of complications, including infection which can lead to sepsis.

The cost to the NHS is in the region of more than £1.4 million every day and the cost to patients personally is huge. Many pressure ulcers are preventable and by reducing them as much as possible we improve the care for vulnerable patients.

To raise professional and public awareness, tomorrow (Thursday 15 November) is **International Stop Pressure Ulcer Day**. We want to bring visibility to the importance of preventing pressure ulcers as much as possible, so in your day to day work start a conversation with colleagues about how we can do this. Are you asking the right questions about preventing pressure ulcers and what solutions are you generating? Look out also for the red dots which symbolise pressure which will be scattered around our sites.

The community hospitals are producing posters of their #stop the pressure work for a competition. Michael Richardson, Deputy Director of Nursing and Nancy Farr, Clinical Pathways Lead will be judging the best display, photos of which will be shared in next week's Core!

We are also encouraging teams to wear red dots, tweet and post their photos on social media using the hashtag [#StopThePressure](#).

Appendix 1

Draft: 09/2018

VERSION 0.5

Gloucestershire Urgent and Emergency Care Sustainability Plan 2018/19

Prepared by Gloucestershire Clinical Commissioning Group (GCCG)
in partnership with:

2gether NHS Foundation Trust (2gNHSFT)
Arriva Transport Solutions Ltd (ATSL)
Care UK (NHS 111 and OOH provider)
Gloucestershire Care Services NHS Trust (GCS)
Gloucestershire County Council (GCC)
Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT)
Healthwatch Gloucestershire
Primary Care and membership practices
South Western Ambulance Service NHS Foundation Trust (SWASFT)

Contents

1. Executive Summary	4
1.1. Developing the Sustainability Plan	4
1.2. Learning from 2017/18	5
1.3. Whole System Planning & Workshop Events	6
2. Key Impacts for Winter	7
3. Governance: How the resilience plan will be monitored and implemented	9
3.1. Gloucestershire A&E Delivery Board	9
3.1.1. System Flow Taskforce Bi-weekly meeting	10
3.1.2. Urgent and Emergency Care Delivery Alliance	11
3.2. Operational Pressures Escalation Level (OPEL) and response	11
3.3. Bank Holiday Planning, including Easter, and Provider Assurance	12
4. Agreed resilience focus for 2018/19	13
4.1. Staffing and rotas	13
4.2. Acute and Community capacity and patient flow	13
4.3. Weekend Discharges	13
4.4. Admission and Attendance Avoidance	14
4.5. System Support	14
5. Improved Better Care Fund (iBCF)	14
6. Urgent and Emergency Care STP Solutions and Key Schemes	17
6.1. STP Solutions	17
6.2. Discharge to Onward Care (DToC) and Length of Stay (LoS) > 21 Days	25
6.3. 7 Day Services	27
6.4. Key schemes	28
6.4.1. NHS 111	28
6.4.2. Enhanced Primary Care Streaming in ED	28
6.4.3. Ambulance and handovers	29
6.4.4. High Intensity Users / Find and Prevent	30
6.4.5. Cinapsis (Hot Advice)	31
6.4.6. Directory of Service	31
6.4.7. Test and Learn Pilots	32
7. Service wide winter plans (including organisational escalation plans)	33

8. Demand and Capacity Modelling.....	35
9. Gloucestershire Escalation Plan.....	46
10. NHS Improvement: Focus on improving patient flow	46
11. Planned Care	47
12. Primary Care.....	48
13. Social Care	50
13.1. Reablement.....	50
13.2. Domiciliary Care	50
13.3. Care Navigators	52
13.4. Trusted Assessor	52
13.5. Discharge to Assess (D2A) – Pathway 2	53
13.6. Gloucestershire Fire & Rescue Service (GFRS)	53
13.7. Voluntary Sector “Out of Hospital” Services.....	53
14. Mental Health.....	54
14.1. 24/7 Liaison mental health (LMH) services in A&E	54
14.2. Crisis Care Concordat (CCC)	55
14.3. High Intensity Network / Serenity Integrated Mentoring (SIM).....	55
14.4. Persistent Physical Symptoms	56
15. Transport.....	56
16. Communications – comms team	58
17. Mortuary.....	59
18. Infection, Prevention and Control	60
18.1. Influenza.....	60
18.2. Infection control.....	62
19. Adverse Weather	63
20. Business Continuity Plans.....	64
21. Conclusion	64
22. Appendices	65
Appendix 1 - Bank Holiday Planning and Provider Assurance	65
Appendix 2 - GCCG Escalation Plan 2018/19.....	65
Appendix 3 – Resilience Scheme table 2018/19.....	66
Appendix 4 - NHS Improvement: Focus on improving patient flow.....	68

Appendix 5 – Primary Care Plan.....	70
Appendix 6 – Communication Winter Plan.....	72
23. Glossary.....	75

1. Executive Summary

1.1. Developing the Sustainability Plan

Gloucestershire's Urgent and Emergency Care Sustainability Plan 2018/19 has been developed in collaboration with key stakeholders across the county. The main purpose of the plan is to ensure resilient health and social care services throughout the year, with a focus on winter.

This plan has been developed by Gloucestershire CCG, Social Care, NHS Acute, Primary, Community and Mental Health Care Providers and Private Sector Providers, all of whom have contributed to improved performance and resilience. The plan incorporates:

- Gloucestershire's Sustainability and Transformation Plan (STP) Solutions
- Gloucestershire's Escalation Plan
- Key schemes and work that will be implemented in preparation for winter
- Urgent and Emergency Care Delivery Plan Priorities
- National priorities for acute hospitals 2017
- Good practice guide: Focus on improving patient flow
- Performance improvement initiatives
- Learning from previous winters, bank holidays and other high pressures periods throughout the year

Individual provider organisational winter plans have been incorporated within this plan. Each of the key providers and service functions have submitted a return to GCCG outlining key areas of focus, including demand and capacity plans, continuity procedures, flu preparedness and adverse weather protocols - see section 8, 18, 19, 20.

Gloucestershire's key aims for winter 2018/19 are:

- Maintain 4 hour A&E performance
- Maintain both planned and emergency care services within Acute Trust
- Maintain safe care and a positive experience for all patients despite increased operational pressures
- Right Care, Right Place, Right time

- Provide robust staffing by supporting staff to stay well, alongside securing required staffing levels
- Maintaining patient flow within, and between, providers
- Support patients to remain in their normal place of residence
- Effective discharge planning in conjunction with patients and carer
- Cross organisational collaboration and partnership working embedding principles of integrated working
- Parity of requirements across the county of Gloucestershire
- Attendance avoidance
- Admission avoidance

1.2. Learning from 2017/18

To support and inform the approach for 2018/19, a series of actions have been identified as a result of the learning from previous winters, as well as additional learning from bank holidays and other high pressure periods.

The Gloucestershire system has a shared view that the 2017/18 plan had both strengths and weaknesses. Collectively, there is a commitment to not simply reproduce the 2017/18 plan, but instead draw on the previous strongest elements and introduce new and innovative approaches. The key differences in the approach to this year's winter plan will be:

- Highlighting key schemes
- Setting out key areas of focus
- Incorporating schemes and actions which have worked this year during periods of high pressure
- Drawing on previous strong elements and introducing new and innovative approaches
- Sections will provide the key overarching information and the scheme detail will be set out in a series of detailed appendices

A review of winter 17/18 for Gloucestershire has been conducted and the key learning points – consisting of both where improvements can be made, and what key successes there were - are summarised below and have been incorporated within this plan.

What went well – key highlights:

- Partnership working, including greater provider ownership and the supporting of diversions between sites at times of extremis and ahead of predicted peak times (e.g. during Cheltenham Race Week)
- Allocation of adult social care to community and acute hospitals
- Rapid Response team having increased capacity
- GP support within ED
- Community discharge bed model

- Increased capacity within Primary Care
- Rapid recovery and de-escalation
- Reduction in handover delays
- Simplified processes and pathways to improve flow

Lessons learnt (where improvements can be made) - key highlights:

- Flu preparedness across the front facing systems (i.e. care homes)
- Further strengthening and formalising of escalation actions during periods of extreme pressure
- Better use of data to predict trends
- Improving quality of patient discharge to ensure we provide patients with the necessary support to prevent unnecessary re-admission
- Changing expectations of patients and staff to focus upon “need”, e.g. transport to support discharge from hospital
- Supporting and empowering staff to have difficult conversations with patients, carers and colleagues
- The need for staff to adopt a positive risk taking approach to support people to return to their normal place of residence

1.3. Whole System Planning & Workshop Events

Two initial winter planning and escalation workshops took place in early August and involved both executive level and operational level representatives from across the system. The workshops reviewed the schemes and projects in place to support this winter and the escalation plan. Also discussed were the OPEL actions and the system response to times of escalation.

The winter planning and events timetable for GCCG and system partners is shown below:

Timetable for 2018/19 system wide Winter Resilience Plan and Escalation Plan development.	
Date	Action
April 2018	Winter System meeting– review of last winter and discussion around escalation and system support for winter 18/19
April 2018	Winter Plan 2018/19 approach and outline submitted to NHSE
1 st August 2018	Strategic winter planning meeting/workshop. COO's and Deputies from providers.
July/August 2018	Amend/adjust winter plan draft in light of any NHSE/I updates / requests / documents (i.e. OPEL framework updates)
8 th August 2018	Winter and escalation workshop for whole system – Review of escalation actions and system plans
27 th August 2018	Submissions to be received from providers and CCG: <ul style="list-style-type: none"> • provider internal escalation plans, winter plans and demand & capacity modelling. • contributions to system wide Winter Resilience Plan 2018/19 and whole system Escalation Plan & Framework 2018/19
27 th -30 th August 2018	CCG to review and translate all returns including detail contained within organisational demand & capacity modelling (including bed modelling) to inform the wider system wide Winter Resilience Plan 2018/19.
August 2018	System wide Winter Resilience Plan 2017/18 to be circulated to A&E Delivery Board members for review and comment
31 st August 2018	Submit plans to NHSE
September & October 2018	Providers and CCG to submit Winter Resilience Plan 2018/19 to relevant organisational Boards for sign off. Including: <ul style="list-style-type: none"> Sept - Winter Resilience Plan taken to Core Sept – Winter Resilience Plan taken to HOSC Oct – Winter Resilience Plan taken to Governing Body Any updates to the plan to be made and Winter Plan to be re-submitted to NHSE.
17 th October 2018	NHSE Winter Stress Testing
October 2018	Final documents to be presented to A&E Delivery Board with plans published on necessary websites post meeting.
November 2018	Commence planning/assurance process for the weeks for Christmas & New Year 2018/19
December 2018	Implementation workshop , Xmas and New Year Assurance review– all organisations represented.

2. Key Impacts for Winter

This plan will clearly describe the significant amount of work that is underway in preparing for winter 2018/19. It is acknowledged that many schemes and drivers for system preparedness will be described within the document, but there is a need to highlight the key aspects that will make a difference this winter. The table below defines those schemes across health, care and wider public sector partners that the system believes will have the greatest impact this winter, and will ensure that we are able to offer a high quality, robust and resilient system.

Key Scheme	Lead Organisation	Delivery Timescale	Proposed Impact	Section
Letter box scheme – integrated brokerage and SPA referral process	GCS/GCC	Active	LoS	Section 6
Bridging Service – getting pts home with a wraparound service whilst awaiting a PoC	GCC/CCG	End of Sept 2018	LoS	Section 6
Enhancing Primary Care Streaming	GHFT/CCG	Sept 2018	EDAtt and flow	Section 6 and 10
Hot Advice / Cinapsis	GHFT/CCG	Sept 2018	EDAtt	Section 6
Gloucestershire Fire and Rescue Service (GFRS) Falls Pick Up service.	GCC	Active	EDAtt and EAdm	Section 13.6
Care Navigators and GFRS safe and well checks at patients homes	GCC	Active	LoS, EDAtt and EAdm	Section 13.3
Voluntary Sector 'Out of Hospital' Service – supporting patients after discharge	GCC	Active	LoS and EAdm	Section 13.7
High Intensity Network / Serenity Integrated Mentoring (SIM). Brings mental health professionals and police officers together in joint mentoring teams to support high frequency and high risk behaviours	2G	TBC	EDAtt	Section 14.3
Key Initiatives	Lead Organisation	Delivery Timescale	Impact	Section
Support to care homes – improved support to care homes to enable them to reduce the need for ambulance attendance / conveyance.	SWAST	TBC	EDatt	Section 6.4.3
Improved Access – cluster pilots, inc; enhancing the skill mix with paramedics, mental health workers and advanced physiotherapists working with practices.	Primary Care	Active	EDatt	Section 16 Appendix 5

3. Governance: How the Sustainability Plan will be monitored and implemented

Governance systems for leading, monitoring and delivering the required system transformation have been reviewed as part of this process. The revised governance approach is illustrated in figure 1 below.

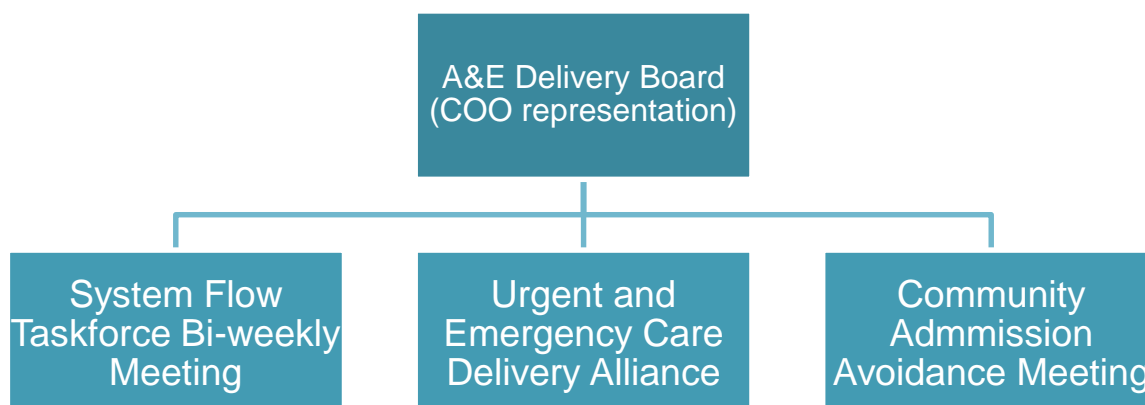


Figure 1. Governance system for resilience in Gloucestershire

The purpose of the various groups is to promote quality in terms of patient experience and safety, as well as overseeing delivery and performance.

3.1. Gloucestershire A&E Delivery Board

Purpose

The purpose of the Gloucestershire A&E Delivery Board (A&EDB) is to:

- Ensure effective delivery against the 4-hour A&E standard with a focus on system wide ownership
- Hold all parts of the system accountable for delivery
- Monitor delivery of, and ensure, consistent performance against agreed performance standards
- Enable our system to make appropriate arrangements for delivering high quality resilient services
- Develop information systems and processes that allow the A&EDB to monitor system delivery and make evidence-based decisions

Role and Remit

The A&EDB is the forum where all partners across the Gloucestershire health and social care community assemble to plan for and monitor system resilience. The Board assesses and plans for the required capacity levels to ensure resilient services and to hold each other accountable for delivery.

Responsibilities

The A&EDB continually reviews the drivers of system pressures so that solutions to these pressures are developed within a system wide approach. Whilst decisions on some aspects of funding need to be made by the relevant statutory body (or through shared governance arrangements), the A&EDB has a key role in building consensus across members and stakeholders.

The A&EDB holds the risk register; this includes system wide risks, such as workforce. The board monitor and review these risks each meeting.

Members of the A&EDB seek to hold each other to account for delivery, with member organisations sharing intelligence and pooling resources, where possible, to improve system delivery against agreed the key performance indicators. These arrangements do not supersede accountabilities between organisations and with their respective regulators. There are two meeting groups (detailed below) with a third group for community admission avoidance currently under development. These groups focus on the development and current performance of the STP solutions and provide updates and assurance to A&EDB on their delivery.

3.1.1. System Flow Taskforce Bi-weekly meeting

Purpose

To continue focus on the development of the health and social care system, in order to promote an efficient and effective flow of patient care and treatment. The Taskforce will lead and deliver on the 2018-2019 portfolio of schemes, as agreed by the A&EDB.

Objectives and Responsibilities

- Assure the A&EDB on the delivery of the Gloucestershire system flow projects
- Ensure that appropriate and adequate reporting of KPIs and performance reporting is in place, reviewing and advising on such reporting as required
- Identification, understanding & unblocking of barriers to discharge across the system
- Reducing variation in best practice by adopting best principles contained within the good practice guide “Focussing on Improving Patient Flow”

10

- Simplification and review of referral processes and aligned documentation relating to flow
- Improving the quality of discharge planning and processes in both acute and community hospitals
- Transformational, solution focused & flexible management of surges in activity
- Review of pathways for complex patients, where patients are discharged to the most appropriate setting and at the right time

3.1.2. Urgent and Emergency Care Delivery Alliance

Purpose

The 'Urgent and Emergency Care Delivery Alliance' (UECDA) is a multi-disciplinary team responsible for driving the launch, review, measure and delivery of schemes that drive success of the 'ED attendance and activity diversion' programme. The purpose of this programme will be to ensure the most appropriate use of the regions Urgent Care services and is classed as a critical priority. With the support of key stakeholders, the UECDA will lead and deliver on a number of 2018/19 work streams as outlined in the 'ED Attendance and Activity Diversion plan'.

Objectives and Responsibilities

- Assure the A&EDB of the delivery of objectives as set out in the 'ED Attendance and Activity Diversion plan'
- Understand why patients are choosing to attend ED as an alternative to other services better placed to treat their needs e.g. Primary Care, MIIU's, Pharmacy etc.
- Reduce avoidable ED attendance rates and divert patients to other services more appropriate for their healthcare needs
- Drive smooth arrival patterns to ED
- Raise awareness of alternative services which may be more appropriate for patients needs whilst still providing optimum patient outcomes
- Ensure that appropriate and adequate reporting of KPIs and performance reporting is in place, reviewing as required
- Provide a forum for clinical input and supportive challenge

3.2. Operational Pressures Escalation Level (OPEL) and response

In Gloucestershire, daily whole system pressure and the subsequent system response is calculated in the OPEL Escalation kitbag within a system wide capacity, demand and escalation dashboard. This kitbag contains data which is input daily by system partners (as well as GCCG); the kitbag then measures this data against key targets. These measures have been sensitively weighted to respond to individual organisational pressures and collectively form the daily OPEL Escalation Report. It is this report generated by the dashboard at 10:00am (sent to the system at 10:20am) which declares and notifies all system partners of the daily OPEL escalation level.

All system partners have access to view the daily data across the system; this includes both the key escalation measures and the operational information which feeds into this.

The Gloucestershire system recognises that ahead of winter a consistent approach to internal escalation is required. This is something that GCCG is leading on, with the aim of providing a clear base from which the escalation process described below can be used to instigate appropriate system response.

Each organisation responds to the declared OPEL level by carrying out their escalation actions contained within the Gloucestershire Escalation Plan (see Appendix 2).

In addition, if OPEL level 3 (red) or above is declared, a whole system teleconference call is held between key health and social care organisations, chaired by GCCG. The focus of the call is to review and address the key pressure points highlighted by the OPEL Escalation Report and to review the previous day's performance, based on data uploaded into the dashboard kitbags. This offers an opportunity for system partners to work collaboratively to support one another and to de-escalate the system as quickly as possible.

3.3. Bank Holiday Planning, including Easter, and Provider Assurance

In advance of bank holidays and any extended holidays identified as 'high risk' to the urgent care system, e.g. Christmas/New Year and Easter, a prior planning process is implemented with all system partners and GCCG Primary Care team.

Individual organisational assurance returns are completed by each organisation using the assurance templates embedded in Appendix 1: the reduced template is used for the shorter bank holidays, e.g. Early and end of May; the full template for longer periods, e.g. Christmas/New Year and Easter. The organisational returns are red, amber or green (RAG) rated against a range of prescriptive criteria specific to each organisation. Where the criteria does not reach a green RAG, the provider is asked to give assurance outlining the level of risk and the mitigating actions to be enacted.

The assurance templates include requests for workforce assurance, ensuring additional staff availability is planned for if demand exceeds capacity and that the staffing has been planned to respond to forecasted demand.

GCCG is responsible for “overlaying” all of the submitted information in order to ascertain an overall picture for the bank holiday periods and take a system response to any identified “risk points”.

For the extended bank holiday periods, the assurance template feeds into the return submitted by GCCG to NHS England. Assurance is determined through the organisational returns which include both the bank holiday position and the days shortly thereafter. This offers support to the system to ensure anticipated ‘spikes’ in activity are managed effectively.

4. Agreed resilience focus for 2018/19

Resilience funding allocations of £5.18 million have been agreed and assigned to Gloucestershire system partners. The funding has been assigned to a number of services and schemes which have been proven to support the delivery of services and manage peak demands across the winter. A full list of the resilience schemes is available in Appendix 3. The schemes are categorised into five priority areas. These are:

1. Staffing and Rotas
2. Acute and Community capacity and patient flow
3. Weekend Discharges
4. Attendance / Admission Avoidance
5. System Support

4.1. Staffing and rotas

Additional investment continues to be provided to ED which supports the ongoing recruitment of additional Consultants and Emergency Nurse Practitioners.

4.2. Acute and Community capacity and patient flow

Funding has been allocated to support patient flow. The schemes that have been funded are:

- Brokerage
- Admission Avoidance Team within the ED
- Onward Care Team, supporting effective hospital discharge
- Hospital to Home (H2H) service
- Reablement: First Responder Service

4.3. Weekend Discharges

It was identified that there is a need to focus on increasing discharges from hospital beds at the weekend and into the beginning of the following week. Key initiatives implemented to address this include funding allocated schemes to support weekend

discharges within the Acute Trust, including extending opening hours and providing additional staff.

4.4. Admission and Attendance Avoidance

Ensuring that patients only access services across Urgent and Emergency Care when absolutely necessary is essential, and the opportunities afforded by pharmacies across Gloucestershire has been realised. The ongoing funding of the following services has been secured for 2018/19:

- Pharmacy Minor Ailments scheme
- Pharmacy Urgent repeat medicines

In addition to the above, a number of schemes have been funded to appropriately redirect patients away from ED. These include:

- Investment to support an enhanced Primary Care ED streaming pilot
- Additional infrastructure to support the ongoing development of the Directory of Service (DoS)
- Maternity triage in the ambulance service clinical hub

4.5. System Support

In order to provide support, funding has been allocated to the Alamac system which collates daily data from providers. This system then produces the daily OPEL score for Gloucestershire. In addition to this system, funding has been secured as a reserve for any additional responsive urgent communications that are needed over the Winter period.

5. Improved Better Care Fund (iBCF)

Ensuring there is enough capacity to meet the pressure of winter is regarded as a key priority across the Gloucestershire system. Our ability to effectively free up beds and maintain effective patient flow is critical. In the 2017 Spring Budget, funding was announced to Local Authorities to support the reduction of pressures on the NHS including supporting more people to be discharged from hospital when they are ready and ensuring that the local social care provider market is supported. In response to this funding, Gloucestershire have identified a number of schemes to address this requirement. These are shown below:

Initiative 1 – increasing Domiciliary Care, Reablement and Market Management
Objectives / Expected Outcomes

<ul style="list-style-type: none"> To work to offer incentives to providers, so we can ensure supply in hard to reach parts of the county. To further develop test and learn projects to ensure there are available services for increasing demand areas i.e. dementia, bariatric and complex patients. Review of reablement to ensure better flow, quicker assessment.
Identified schemes
<ul style="list-style-type: none"> Development of reablement flats at Great Western Court and other locations. Testing the Discharge Home to Assess dementia service. Hospital to Home (H2H) – H2H is a supported discharge service for both acute and community hospitals for 48/72 hours to enable assessment of need in people's own homes to determine whether any care is required, whether they have a short term need or whether they would benefit from reablement. Piloting 'guaranteed' hours for identified 'hard to reach / outlying rural' areas. Hospices have joined the framework to enhance the End of Life offer and upskill key providers to ensure seamless and quality care. Collaborative working to maximise care hours by sharing packages where supply is limited.
Initiative 2 – to support the reduction of Delayed Transfers of Care and improve hospital flow
Objectives / Expected Outcomes
<ul style="list-style-type: none"> To continue to test and learn from projects that would reduce admissions and assist in speedy discharge.
Identified schemes
<ul style="list-style-type: none"> Night emergency response service, initially supporting GCS's Rapid Response (funded by CCG). This service now supports GFRS Telecare Responders where they attend to someone who may require support for personal needs or where they need to leave waiting for an ambulance to attend. Bridging service, 224 hours care per week to be used between 7am and 11pm. This is a service, instead of Chapel House beds, for people who have existing care arrangements that cannot start straight away – e.g. need 48 hours' notice or its Thursday and care cannot recommence until Tuesday.
Initiative 3 – to develop a Virtual Ward model and Frailty pathway across the Gloucestershire system
Objectives / Expected Outcomes
<ul style="list-style-type: none"> Reduced acute admissions. Reduced care home placements. Reduced acute LoS. Reduced DTOCs.
Identified schemes

- Complex Care @Home (CC@H, previously known as Virtual Ward) service developed; go-live date April 2018.
- CC@H delivers a multi-disciplinary approach to case managing individuals in the community with the most complex medical and social needs to reduce the likelihood of admission to the Acute Trust.
- The CC@H service interfaces closely with primary care and is developing clear pathways with the acute for accelerated discharge
- The risk stratification tool Sollis is in development for the proactive identification of the patient cohort who will most benefit from this service.
- The CC@H team operate a weekly huddle with Adult Social Care colleagues and there is clear emerging evidence of prompt Care Navigator support preventing adult social care referrals.
- All GP practices across Gloucestershire are using the Electronic Frailty Index to risk stratify their patients and deliver a range of interventions to improve the patient pathway.
- A countywide CPG for Frailty commenced August 2018 to work collaboratively across the system to ensure that a consistent approach is adopted to manage individuals living with frailty.
- Practitioner and public engagement continues through stakeholder events and the “Frailty Bus” to raise awareness of the syndrome and how it can be managed.
- The Frailty Assessment Service (redesign of OPAL) is currently in the recruitment phase and due to “go-live” October 2018.
- The model adopts a four-pillar approach as follows
 - Education and support for practitioners across the system
 - Out-reach and clinical advice
 - Dedicated Frailty Assessment Area within the Acute Trust. All individuals seen will have a frailty marker applied to the Trak system.
 - In-reach to acute wards for proactive discharge
- 6 short stay Safe Haven beds across Cheltenham and Gloucester have been commissioned to support acute admission avoidance.
- The beds are directly accessed by GPs and the CC@H community matrons and are predominantly used for people living with frailty who require observation and support to return to their normal home environment and level of independence.

Initiative 4 – carers strategy

Objectives / Expected Outcomes

- Improve offer to carers to support them to maintain their own health and wellbeing, as well as continuing in their caring role.
- Increase partnership working between the provider of carer support services and health and social care staff
- Making our communities more ‘Carer Aware’.
- All of the above will have a positive impact on system pressures such as reducing acute admissions and DTOCs.

Identified schemes

Improving quality of life for carers is a local Better Care Fund metric. We have recently undertaken extensive engagement with carers (and professionals) to understand what support works for them and where we can improve support. This has informed a new service specification, with new contracts commencing in April 2019. This investment to carers is viewed as essential given the key role informal carers have and the impact that has on other parts of the system.

Initiative 5 – to support the reduction of impact from high intensity patients – Mental Health
Objectives / Expected Outcomes
<ul style="list-style-type: none"> • Reduction in MH related ED attendances • Reduction in MH related hospital admissions (including Maxwell s136 Suite) • Reduction in length of hospital stay • Reduction in MH related 999 calls and s136 responses • Reduction in hospital re-admissions (including Maxwell s136 Suite) • Increase the number of clients who disengage from specialist services who are re-engaged • Increase in the number of successful referrals between specialist and non-specialist services • Increase the proportion of specialist care plans which include engagement plans and contingency plans • Increase the number of clients managed in a multi-agency framework providing alternatives to admissions
Identified schemes
<p>The High Intensity / Serenity Integrated Mentoring model, 2 year pilot project, will extend the present remit of the Liaison Psychiatry high intensity case management function and target the groups with high impact on multiple services. It will augment current positive practice; the multi-agency groundwork has taken place and contacts exist within all partner agencies thereby minimising any information sharing issues and the service already has local protocols in place. The high intensity case management approach involves the following functions, which this project aims to enhance:</p> <ul style="list-style-type: none"> • Establishing multi-agency networks across statutory and non-statutory service e.g. Police, SWAST, CGL, Social Care, etc. • Establishing close working relationships with internal services e.g. MHLT, CRHTT, safe-guarding leads and Emergency Department clinicians and community mental health teams. • Reviewing locally held data. • Developing and agreeing multi-agency management plans to support high intensity users of services. • Reducing high intensity attendance rates and admissions via Emergency Department and S136 Mental Health Assessments (where they meet the criteria of an ED high intensity user). • Furthering achievement of the CQUIN 'Improving services for people with mental health needs who present to A&E'

6. Urgent and Emergency Care STP Solutions and Key Schemes

6.1. STP Solutions

As a health and care community we have worked together since 2016/17 and throughout 2017/18 to develop and progress STP solutions.

In May 2018, as part of the wave 2 group of four further partnerships, it was announced that Gloucestershire would become one of the Integrated Care Systems. This will involve the evolution of STP into an Integrated Care System. These developments will promote a different way of working in the NHS with an emphasis on places, populations and systems.

All of the Urgent and Emergency Care STP Solutions will provide a positive benefit to patient experience and help support key requirements to reduce acute hospital admissions.

Gloucestershire's STP solutions consist of four work streams: Community Admission Prevention, Improving System Flow, ED Admission Prevention, and Find and Prevent (see section 6.4.4).

Community Admission Prevention			
Individual Programme	Summary	Update	Impact
Complex Care at Home (Virtual Ward)	There will be a clear emphasis on planned discharge to support the on-going self-management of conditions and the development of supportive and preventative networks for the patient and carer to give all patients the best possible opportunities of remaining in their own homes for as long as they are able.	Service is operational and has received almost 100 referrals to date. Recruitment is almost complete: community matrons, community dementia matrons and wellbeing coordinators are in post, and recruitment for dietitian and therapist roles are underway. Adult social care staff are working as an integral part of the multi-disciplinary team, resulting in a smooth pathway for accessing on-going preventative support. Risk stratification model is in development. Community matrons have built relationships with the frailty assessment service and are developing integrated pathway from ED back to community.	Admission avoidance Reduced patient LOS Improved patient outcomes Improved patient experience
South Cots Frailty	Design and deliver an integrated anticipatory care pathway for frail adults in South Cotswold Locality.	The service is developing strong relationships with clinical partners and partners from third sector organisations. Relationships with secondary care	Admission avoidance Reduced patient LOS Improve patient outcomes Improved patient experience

		<p>organisations are starting to bear fruit in terms of regular MDT meetings and working together to positively impact individual patient care. With colleagues in Community Provider services cluster MDT meetings are being developed. The service is working with patients and their carers developing patient goals and personal care plans. A shared decision making approach is supporting people to improve their self-management skills.</p> <p>The team are gaining in confidence in their health coaching approaches and are developing their skills in approaching End of Life conversations and Advance Care Planning (ACP). ACPs are discussed with all patients.</p>	
Primary Care Frailty Offer	To raise awareness and promote improved management of the frail patient at GP practice level.	Three clusters decided to pursue elderly care services for patients in their own homes. 2 clusters are employing community matrons/frailty nurses and 1 cluster is working with GCS. Supporting frail patients to stay healthy and in their own homes.	Increased awareness and education Attendance avoidance Improved patient experience
Cluster MDT working. North East Gloucester and South East Gloucester. (NEG&SEG)	To build a resilient, sustainable primary care system that can adapt to the current and future needs of patients that is central for the whole of the Gloucestershire healthcare system.	Monthly meetings held for NEG and SEG clusters. CMDT (multi-disciplinary teams) evaluation and review to be presented and discussed at Gloucester Pilot Board. Countywide currently considering: 1) CMDT purpose and goal. Clarity and definition of purpose needs to be tightened.	Increased service resilience Improved patient experience

		<p>2) Framework – needs to be flexible enough to allow local characteristics and resources.</p> <p>3) Admin support for CMDT continues to be difficult and dependent on level of provider engagement.</p> <p>4) Improved information and data from GHFT.</p>	
Telecare Responder Service with Gloucestershire Fire and Rescue Service (GFRS)	Utilise the GFRS as a community response resource to efficiently and economically support targeted service users with telecare systems.	<p>GFRS named as “first responder” in the case of an emergency for >400 people in the county as well as supporting hospital and care home admission prevention and avoidance of emergency services call-outs. Approximately 61% of these people are using the service as their first responder.</p> <p>In addition, GFRS are undertaking Safe & Well visits as part of discharge planning and social care assessments.</p>	<p>Attendance avoidance</p> <p>Admission avoidance</p> <p>Improved patient experience</p>
Extension of the contract for remote monitoring-assistive technology (telehealth)	To provide remote monitoring to patients with mainly respiratory conditions and Heart Failure, supported and monitored by the Gloucestershire Community Services (GS) specialist services and GPs in primary care.	Currently in the process of developing a new pathway to support frail patients to self-manage their condition working with the community matrons in South Cotswolds and the Complex care at home service. A scoping exercise is currently being undertaken with a GP practice in South Cotswolds to use the technology to support the management of patients in a nursing home using video conferencing.	<p>Admission avoidance</p> <p>Reduce LOS</p> <p>Improved patient experience</p> <p>Improve patient outcomes</p>
Improving System Flow			
Individual Programme	Summary	Update	Impact
System Flow Process	To align discharge and referral pathways and simplify	GCS – simplified referral process for community Hospitals - 6 killer question papers & as of June pilot	<p>Reduction of pathway inefficiency</p> <p>Improved patient experience</p>

	documentation across the whole system: -Social care process (Brokerage) -GCS process (SPCA) -Community care partners -Pathways (reablement, D2A)	electronic referrals. Next steps roll out to both acute hospitals (GRH and CGH) by Sept 2018 GCC, GCS & Acute – Integrated SPCA & Brokerage, letterbox pilot underway to reduce steps, effectively use capacity and simplify referrals for all bed base and community pathways. GCS & GCC pilot Discharge to Assess (D2A) capacity in care homes to be flexed over winter. Daily Brokerage update on patient sourcing. Weekly gap analysis, mitigations and work stream development and patient review to unblock delays	Reduced patient LOS Support the achievement of the 4 hour target
Discharge Planning (acute and community hospitals)	To reduce avoidable delays created by inefficient discharge processes in both acute and community hospitals: <ul style="list-style-type: none"> • Care Navigators • Discharge planning and board round education • Simple discharges • Community hospitals 	Care Navigators Working well across acute and community hospitals. Trusted assessor role for patients with existing provider working well, next steps for new patients as well. SAFER & SORT presentations to Matrons to share learning, presentations to Student Nurses and Junior Drs induction. Breaking the cycle annual plans complete and signed off with dates agreed for Acute & community hospitals. 3 events have been completed for Acute Trust full reports available and learning shared. First event for community hospitals has taken place with excellent feedback. Community hospitals simplification & real time	Reduction of pathway inefficiency Improved patient experience. Reduced patient LOS

		<p>allocation to community beds when in Black Escalation.</p> <p>Senior adult social care presence in the Trust allocating when in Black escalation.</p> <p>Additional beds for patients 'waiting' (with a date).</p> <p>Patient Outlier Process – Junior Dr daily review of TTO, discharge summaries, diagnostics & results.</p>	
Delays	<p>To reduce delays in any part of the patient pathway:</p> <ul style="list-style-type: none"> - implement the 12 DToC standards -Stranded patient review -Trusted Assessor -Reduced waits for Mental Health Liaison -Direction of Choice Policy 	<p>Reducing delays to mental health – by risk training all clinical decision makers in 2 months with significantly reduced mental health breaches</p> <p>Mental Health – increasing capacity & impact a reduction of re-attenders by 40%.</p> <p>Spot/flexible commissioning.</p> <p>Daily Navigation.</p> <p>Weekly Partnership (system) & Bi-weekly flow strategy groups.</p> <p>Daily Outlier Review with junior Dr & senior manager including bank holidays.</p> <p>Transport work stream integrated user group to maximise capacity and reduce waste to improve delays. 2 trajectory targets set, 1) reduction of on the day bookings by 50%. 2) Reduction of aborted transport due to hospital inpatient by 50%.</p> <p>DToC system wide review</p> <p>>21 day Stranded Patient Review process</p> <p>Outcomes: reduction in LoS for >7 days and super stranded patient >21. 100 Day Challenge ++</p>	<p>Reduction of pathway inefficiency</p> <p>Improved patient experience.</p> <p>Reduced patient LOS</p>

		Stranded & super + community hospitals, increased acute weekend discharges, DToC remained below 3% throughout winter and on-going. Early morning bed flow. 80% of adult social care assessments (hospital team) completed within 2 days (5 days permitted).	
System Escalation	To ensure the system can respond effectively and with speed in times of escalation: -System responsiveness -Winter resilience.	Daily Outlier Review with junior Dr & senior manager including bank holidays. Earlier weekend planning. Community hospitals simplification & real time allocation to community beds when in Black Escalation plus electronic referral. Turnaround referral to placement 1 working day of referral in by 14:00. Senior adult social care presence in the Trust allocating when in Black escalation. System calls for proactive management of surge. 7 day working adult social care, Therapy, Brokerage and the acute onward care team. Nursing Care & Residential Homes – Assess & Take same day. Piloting resilience schemes: D2A community hospitals. Hospital discharge Bridging service GCS Home first with therapy input. CHC process review capacity arrangement.	Support the achievement of the 4 hour target Increase resilience over winter
ED Admission Prevention			
Individual Programme	Summary	Update	Impact

AEC (Ambulatory Emergency Care)	To provide treatment for patients who could traditionally be admitted to hospital, but whose conditions make them suitable to be treated without the need for admission and ward based treatment	AEC is operational at both Cheltenham General Hospital and Gloucestershire Royal Hospital. Work continues as part of the wider Acute Floor developments to further strengthen and enhance the AEC pathways, ensuring all patients that are ambulatory benefit from this service. Staffing is being reviewed alongside opening hours of this service which is also looking to develop "booked" appointments to improve convenience and flow.	Reduction of pathway inefficiency Improved patient experience. Admission avoidance Support the achievement of the 4 hour target
Acute frailty assessment service	To provide dedicated healthcare services specifically for patients identified as being 'frail'.	The frailty assessment service is being enhanced to deliver an extended frailty service which includes support and in reach to acute wards to keep hospital length of stay to a minimum and where possible working alongside the assessment wards and Emergency Departments to support patients to return home. The service is also providing education to support reduction in care home admissions alongside offering expert clinical advice to GPs in order where possible to avoid admission into hospital.	Reduction of pathway inefficiency Improved patient experience. Admission avoidance Support the achievement of the 4 hour target
Primary Care in ED Streaming	To reduce the number of patients attending ED's for Primary Care and other related conditions that do not require ED services.	It is recognised that a number of patients access the Emergency Departments (ED) within Gloucestershire that could be more appropriately cared for within Primary Care. Having the ability to identify and stream patients	Improved patient experience. Attendance avoidance Admission avoidance Support the achievement of the 4 hour target

		to Primary Care is vital, ensuring that the ED's are only utilised for those patients with injury and more acute needs. Within Gloucestershire the Primary Care in ED streaming service is being further developed and enhanced to ensure that the number of patients that are streamed away from ED is optimised. This includes supporting the ED staff to identify Primary care suitable patients as well as further integrating Primary and Acute care services to deliver a more seamless service. It is also acknowledged that a number of patients may be better supported in services such as local pharmacies so work is underway to understand how patients may be supported and signposted effectively to alternative services outside the hospital setting.	
Hot advice / Cinapsis – clinician to clinician advice and guidance	To offer effective and timely specialist access to GPs who require advice and guidance regarding patients for whom they are considering an attendance at ED/admission to be the correct pathway	Project manager in place, small trials/pilots due in September with roll out at the end of September.	Attendance avoidance Admission avoidance Improved patient experience.

6.2. Delayed Transfer of Care (DToC) and Length of Stay (LoS) > 21 Days

The Gloucestershire DToC and >21 day LoS plan for 2018-19 is:

- To review current patients progress at key points of stay, to identify daily key themes and address issues for those patients remaining in the bed base longer than necessary and when medically fit.

And

- To develop shared ownership and actions across the Gloucestershire system with partners to improve earlier decision making, improve our patient experience and outcomes, and free up Acute Trust bed flow.

The process implemented to ensure robust DToC & >21 day focus is:

- Daily Navigation meetings - nursing, therapy, Onward Care Team (OCT) & Adult Social Care (ASC).
- Weekly partner coding meeting of all DToC – ASC, GCS, GHFT (Gloucestershire Hospitals NHS Foundation Trust).
- Weekly cross system partnership review meetings with all partners and voluntary sector.
- Monthly DToC sign off process for GHFT & CCG.
- Escalation report if position deteriorates with reasons for change & mitigations required.
- Escalation process to System Directors of Nursing to enact a weekly review of all medically fit patients, agree and drive at executive level any additional / extraordinary actions that may be required.

The above processes are driven through the Bi Weekly System Flow Partnership Meeting, where issues requiring a review of commissioned pathways are discussed with system partners.

This overall process allows the proactive development and implementation of actions to:

- Improve DToC & LoS >21 Days.
- Identify shared themes for improvement across the system.
- Escalate delays at the earliest opportunity to unblock.
- Weekly escalation and discussion at a senior operational level with plans agreed for the most complex patients.
- Weekly executive review when moving toward or in escalation.

Expected outcomes:

- Improved patients experience in our care.
- No unnecessary delays.
- Improved bed flow.
- Identification of gaps in provision.

Bespoke >21 Day length of stay reporting & review pilot:

Addressing length of stay within Gloucestershire Hospitals NHS Foundation Trust (GHFT) will provide improved flow to alleviate the bottlenecks experienced at the front door, and will reduce the impact of long stay on frail older people who experience significant decompensation during an extended period in a hospital bed.

>= 21 days LoS.

1. A daily > 21 day report is reviewed and cleansed by the lead Onward Care Team Matron and senior manager (currently this is twice weekly)
2. Chief Nurses are sent the cleansed report to review and share with Matrons & Wards
3. Matrons will select three patients from each ward each week to go through four questions with the patient:
 - a. Does the patient know why they are in hospital?
 - b. Do they know what the plan is for them today?
 - c. Do they know what needs to happen in order for them to get home?
 - d. Does the patient know a date/time when they can expect to be home?
4. At the Ward Board Round the team will challenge the patient's needs to remain in hospital using the following 3 questions:
 - a. Is the patient sick enough to need to remain in hospital and is there evidence to support it?
 - b. If not sick, what is being done to get them home - and assist with unblocking?
 - c. What could and should have been done on days 1-6 which would have stopped them becoming stranded? - The learning question.

As per the DToC process all medically safe for discharge patients are reviewed daily by the Onward Care Team and Social Care, and reviewed weekly by Gloucestershire system flow partners.

Both DToC and >21 day LoS are part of System Flow program targeted at reducing length of stay, improving efficiency and maximising the use of all resource within the Gloucestershire system. This does include the appropriate and timely use of NHS funded transport.

6.3. 7 Day Services

Gloucestershire county council have approved funding and new job descriptions to increase adult social care operational capacity for the Acute Trust in order to cover Saturday and Sunday, therefore providing 7 day support. They are also covering the Brokerage Service on Saturday and Sunday.

The Acute Trust are currently reviewing the Onward Care Team (OCT) weekend cover arrangements in order to extend these alongside Pharmacy and a weekend

Discharge Team. These will include therapy doctors which both OCT and Social work will link directly with.

6.4. Key schemes

6.4.1. NHS 111

The NHS111 service provides an essential role in supporting the Urgent and Emergency Care system across Gloucestershire. It is imperative that the service effectively signposts patients to the most appropriate service and where possible provides advice and support to self-care. By only signposting patients to ED when absolutely necessary, 111 will ensure that the emergency services are available to support patients with the most life threatening conditions. The early and rapid intervention and validation from a clinician can impact positively on the number of patients that are sent to either the Emergency Departments or the 999 service. Gloucestershire Clinical Commissioning Group is working closely with Care UK (NHS111 provider) to ensure that clinical validation is robust and effective in redirecting patients appropriately. Care UK are working hard to further develop and strengthen their workforce plans to ensure that they can meet the predicted demands during the winter months.

NHS111 Online

The 111 Online programme aims to offer people a digital route to get the urgent medical help appropriate for their condition. Like the 111 telephone number, the online service provides people with an alternative to turning up at A&E. Users participate in a triage by answering questions about their symptoms online. They then receive advice about where to go or what to do. This is designed to create a more efficient patient experience, and unlock efficiencies by channelling patients to the right place, first time. The tool helps individuals to manage their own health in a proactive fashion and enables a more effective management of services.

Within Gloucestershire phase 1 has been rolled out with people of Gloucestershire having access to the on line tool. The intention is to roll out phase 2 and 3 by December 2018 which will allow 111 Online users to be able to book a clinical call back from the NHS111 phone service as well as pass details to other service providers including GP Out of Hours

6.4.2. Enhanced Primary Care Streaming in ED

It is recognised that a number of patients who access the Emergency Departments (ED) within Gloucestershire could be more appropriately cared for within Primary Care. Having the ability to identify and stream patients to Primary Care is vital, ensuring that the ED's are only used for those patients with injury and more acute needs. Within Gloucestershire the Primary Care in ED

28

streaming service is being further developed and enhanced to ensure that the number of patients that are streamed away from ED is optimised. This includes supporting the ED staff to identify Primary Care suitable patients as well as further integrating Primary and Acute Care services to deliver a more seamless service. It is also acknowledged that a number of patients may be better supported in services such as local pharmacies; therefore work is underway to understand how patients may be supported and signposted effectively to alternative services outside the hospital setting.

6.4.3. Ambulance and handovers

Supporting the ambulance service to deliver performance against the Ambulance Response Programme (ARP) is a key focus for the Gloucestershire system. Partners are working together to implement a range of schemes / ways of working which support:

- The appropriate diversion of activity to non-emergency setting / resource.
- Targeted support which reduces the need for ambulance attendance / conveyance (including increasing the use of hear and treat, and see and treat).
- Improve access to advice and guidance which reduces the need for ambulance attendance.
- Improved access to alternative pathways.

The specific interventions which are / will be implemented include:

1. Cinapsis (see Section 6.4.5) – on the scene paramedics will be able to speak directly with the acute physician to make a joint decision around the need for emergency conveyance. Where this is not required the patient will follow an alternative pathway (e.g. supported by the Rapid Response service through GCS or redirected into the bookable assessment environment).
2. Through the Better Care Fund a two year investment has been made to provide improved support to care homes and reduce the need for ambulance attendance / conveyance. This investment is £751k per year and will deliver:
 - a. Care homes able to refer directly to rapid response (reducing the need for ambulance conveyance to the acute hospital) enabling wrap around support in the out of hospital setting.
 - b. Increased admin support for multidisciplinary teams, enabling greater coordination and wrap around care for the frail cohort, again reducing the need for acute intervention.

- c. Increased hours of operation and capacity in the frailty assessment service. The service will offer 12 hours per day, 7 days a week and has dedicated space on the acute floor. The service is supporting localities through consultant outreach and forming relationships across the system to support rapid turnaround (e.g. swift communication with brokerage to ensure packages of care remain active for 0 to 48 hour attendance)
3. Non-injurious falls pathway – Gloucestershire CCG is working with SWAST and the fire service to develop a clinically supervised pathway whereby fire crews will support pick up of non-injurious fallers. The model would see the SWAST clinical desk holding clinical responsibility and providing advice to fire crews where required. Gloucestershire County Council have purchased the required equipment enabling the fire service to operate 24/7 support. Currently an average of 25 people are conveyed to the hospital due to the period time waiting to be lifted. This service will aim to reduce this number with more rapid attendance by appropriately trained public sector workers. The fire service will also support safe and well checks and refer fallers onto the appropriate service (e.g. Occupational Therapy falls service).
4. Currently 80% of NHS111 calls where an ambulance conveyance is recommended are subject to clinical triage. Through case review this process is being refined to ensure clinical triage capacity is directed to pathways where the greatest level of downgrade is achieved.
5. Gloucestershire CCG has supported the 2.3% uplift of funding for SWAST and in-year, non-recurrent funding to ensure new vehicle capacity is operational by February.
6. A full review of the DoS is ensuring all alternative pathways (particularly frailty and Mental Health) are visible to ambulance crews.
7. As described in section 10 the Gloucestershire system is supporting the reduction in ambulance handover delays.

A&EDB receives monthly updates on progress on all schemes to ensure progress and effective use.

Please also see Appendix 4 for further updates on Ambulance Handovers.

6.4.4. High Intensity Users / Find and Prevent

There is currently a High Intensity User Case Manager who works with ED attendees where the primary reason for the patients' frequent attendance is mental health. This role is in the process of being expanded to work with the police through the SIM (Serenity Integrated Mentoring) model. This model will

drive further collaboration between police and health professionals in order to work with patients with high frequency and high risk crisis behaviours to try and change the outcomes to healthier and safer responses whilst reducing instances of inappropriate 999 calls, ED attendances and admissions etc. See section 14.3 and 5 for additional information.

Gloucestershire CCG has developed a data tool to support the identification of high intensity users within the system. Locality MDTs will support suitable patients to develop personal centred care plans and draw on support from the voluntary sector rather than the urgent and emergency care system.

6.4.5. Cinapsis (Hot Advice)

It is recognised that enabling GPs and other Health Care Professionals (HCPs) to speak with Acute Trust clinical colleagues regarding care and management of patients ensures that “no clinical decision is taken in isolation” and that care and treatment plans can be agreed. The focus will remain on ensuring, when clinically appropriate, that care is provided within the community/primary care but it is fully acknowledged that there will be patients that require acute care interventions and it is believed that direct dialogue with the GP/HCP and Acute Trust clinician will ensure that patients are appropriately signposted to services, focusing where possible on those services that avoid an overnight stay. Hot advice will also allow for scheduling to take place and ensure that based upon identified severity and acuity of condition that a suitable timeframe is agreed, allowing the system to have greater influence on how demand flows. Hot advice supported by the Cinapsis software will be rolled out from end of September 2018 and will ensure that critical information is shared between clinicians and recorded in accordance with national regulations. It is envisaged that this support will also be made available to other clinicians including paramedics where it is believed that more patients will be supported at home or in community based services following advice from senior clinicians within the Acute Trust.

6.4.6. Directory of Service

Throughout the Winter period the Regional Directory of Service Team will continue to deliver the items associated with the Directory of Service (DoS), MiDoS and related systems. These include:

- Ensure the DoS is maintained, up to date and fit for use by the NHS 111 providers and NHS 111 Online.
- Provide 24/7 support to users of the DoS and MiDoS across the region.
- Provide support and expert advice to commissioners and providers around service profiles and referrals.

- Ensure MiDoS continues to provide Service information and reports on usage correctly.

In addition the DoS Team are working on the following projects that should be available prior to, or during, the winter period.

- Deployment of MiDoS to the care navigators across all GP practices in Gloucestershire. This will support the users to identify appropriate additional services for their patient groups.
- Deployment of MiDoS to Pharmacists across the Gloucestershire region.
- MiDoS will have access to the Gloucestershire social care website and planned care services across the Gloucestershire region, allowing the user to search for social care and planned care services from one platform.
- Work is continuing with the local commissioners to implement the GP Online project.

6.4.7. Test and Learn Pilots

Currently ongoing and commencing shortly, are several test and learn pilots looking at future services predominantly for CAAS (Clinical Assessment and Advice Service) and Urgent Treatment Centres (UTC). These include:

CAAS

- Testing if having a mental health worker in 111/CAAS reduces the number of ambulance dispatches and number of ED attendances.
- Testing if having a GP in 111 reduces number of ED attendances.

UTC

- Testing if direct booking in of appointments into Cheltenham/Gloucester improves waits/patient flow.

Diagnostics

- Testing if more patients would access services within a Minor Injury and Illness Unit (MIU) if x-ray was available evenings and weekends.
- Testing if patients who are identified as needing an x-ray in the evening or weekend (within an MIU) can be directly booked into x-ray in Cheltenham and if this would reduce attendance at ED.
- Testing if having point of care testing available within a UTC would reduce the number of people who would need to attend the Acute Floor.

7. Service wide winter plans (including organisational escalation plans)

In Gloucestershire, intensive activity profiling and demand modelling is being completed to inform critical decision making and planning assumptions, which will be coupled with softer intelligence from providers and from the wider Health & Care System. All providers have been requested to provide GCCG with organisational winter and escalation plans that have been formally ratified by their Boards. The content of provider plans has been utilised to inform this plan.

Below are key highlights from each provider:

GHFT

- AMIA: a co-located ambulatory medical assessment area to provide specialist input to GP referred patients and thereby avoiding admission. AMIA to launch in September 2018.
- Respiratory Hot Clinics/Service: Respiratory consultant will be based in the AMIA/AMU to run hot clinics and provide specialist review of respiratory patients across ED and the Acute Floor. They will also have a designated phone line through which they can provide advice and guidance to GPs. The aim is to reduce both attendances and admissions, and where patients are admitted the specialist input at the outset will assist in reducing LoS.
- Breaking the Cycle events are planned and ongoing throughout the year and these are aligned to known periods of peak demand.
- Point of Care testing: PoC testing successfully reduced the amount of patients who were admitted for inpatient stays at GRH in Winter 17/18 for flu. The Trust is reviewing the number of PoC testing stations across the Acute floors at both GRH and CGH and this is due to be complete by November 2018.
- Gynaecology Assessment Unit – Creation of a 24/7 Emergency Gynaecology Assessment Unit which will pull self-presenting and GP referred emergency gynae patients out of ED to be seen in a dedicated unit. This is expected to result in a reduction in admissions, due to launch February 2019.
- Gastroenterology move to CGH: Reconfiguring all inpatient gastroenterology services on a single ward in CGH, due to the challenging levels of bed occupancy at GRH, whilst there is appropriate capacity for the service within CGH. There will be 2 ‘high acuity’ gastroenterology beds at GRH for the acutely unwell. The gastro ward at GRH will subsequently become a general medicine ward, which will result in a reduction in medical outliers for the site.

GCS

- Breaking the Cycle events are planned and ongoing throughout the year and these are aligned to known periods of peak demand.
- Direct Ward Referrals – A single e-referral form has been developed for Community hospital bed referrals; this is then sent to SPCa to action. This has been trialled and is now being rolled out across both acute hospitals.

- Letterbox Project – The intention of the project is to reduce the time patients wait from medically fit to discharge when they require a referral for care i.e. to 'go home with something'. A single referral form was developed for use by the pilot. The pilot started week commencing 25th June 2018 for four weeks with two acute wards and two Community hospitals undertaking the referrals through a single 'Letterbox' point of referral. Positive feedback has been received from the pilot.
- Additional cover – Additional staff have been employed in order to increase 7 day cover, especially to care homes and aligns with the flu plan.

GCC

In Adult Social Care Acute Team

- Current intention to recruit to all vacant posts by the end of September.
- Proposal put forward for senior management cover for Saturdays and for a limited period on Sundays. A contingency plan will be developed for peak escalation periods if the proposal is not approved.

See Section 13 for further schemes from GCC.

SWAST

Please see Section 6.4.3.

To note – Winter plan from SWAST due shortly.

CareUK 111

Please see Section 6.4.1.

To note – NHSE have requested the winter plans for 111 go directly through NHSE, and then will be shared with CCGs; as such we have not yet had sight of the 111 winter plans or capacity and demand plans.

CareUK OOH

Where volumes of calls are higher than predicted contingencies to enable business continuity are in place, these include:

- Cross Working – additional home visiting cars available in surrounding areas, Worcestershire and Warwickshire, can be deployed to any area. Staff also available for cross working.
- On call triage clinicians who are available to log into the system from home or a base if needed to support triaging calls.
- Nationwide comfort calling pool of operational staff is available to ensure patients are called.
- Increased hours of Clinical Navigation during the winter period to support with managing prescription requests and minor illnesses.
- Additional on call managers will be on site and available at all times.

Contingencies in place for adverse weather include, offering home working where possible to support operational staff and for triage, winter car kits in place in all vehicles and co-ordinating with hospitals to ensure patient safety when attending the bases.

2G

Please see Section 14.

Arriva PTS

Please see Section 15.

8. Demand and Capacity Modelling

1) Demand and Capacity Approach

The intent of this plan is to provide safe, high quality and effective services to patients and members of the public accessing services during winter 2018/19.

Ensuring the correct services are in place and the public understand what services they should attend remains crucial, and therefore a collaborative understanding and joined up approach to planning is imperative.

The approach taken by GCCG to demand and capacity planning is to allow individual organisations to undertake comprehensive and detailed modelling of key services and critical points within their services with a key focus at a more granular level over known surge periods (post-Christmas, early 2019).

The demand and capacity elements that were requested are:

- The level of demand expected over the winter period – this must include predicted activity volumes and detail any planning assumptions used e.g. the period of baseline used, growth applied, and any exclusions made
- The demand must be profiled across the winter period with specific note given to periods where a 'surge' in activity is expected. Details of how these surge periods will be managed need to be included in the capacity section of the plan.
- The demand for any bedded capacity must also state the expected length of stay.
- The level of capacity that is predicted to be provided across the winter period – this must be included for all forms of capacity, e.g. beds and staff levels.
- Any assumptions used in predicting the capacity profile such as; occupancy, staff lost to sickness, beds closed for infection control, must also be detailed.
- Providers should also establish the potential for 'flex' within the capacity service to respond to periods of a surge in demand.

Each provider was asked to review these specific services:

Gloucester Care Services

- IAT detailing predicted referrals, patient contacts and staffing levels.

35

- Rapid Response detailing predicted referrals, patient contacts and Staffing levels.
- MIU detailing predicted attendances and staffing levels.
- Community Hospitals – bed model detailing discharges, length of stay and occupancy split by direct / transferred sources of admission.
- SPCA detailing predicted call volumes and staffing levels.

Gloucester Hospitals Foundation Trust

- Emergency Department detailing predicted attendances and staffing levels.
- GP in ED predicted staffing levels.
- Onward Care Team detailing predicted patient contacts and staffing levels.
- AEC detailing
- AMIA detailing predicted volume of assessments and staffing levels.
- Acute beds - bed model detailing discharges, length of stay, occupancy and the additional capacity of surge beds.

2gether NHS Foundation Trust

- Crisis Team predicting staffing levels.
- Emergency Department Mental Health Liaison predicting staffing levels.

Gloucestershire County Council

- Bed based capacity in nursing home facilities predicting patient demand and available beds.
- Domiciliary Care predicting staffing levels.
- Discharge to assess predicting patient demand and available beds.

CareUK

- 111 predicting call volumes, staffing levels and outcomes leading to demand on other services, e.g. dispositions to ambulance, OOH services and MIU's / Emergency Departments.
- OOH predicting the volume appointment available and mobile (for home visits) capacity.

SWAST

- Predicting call volumes, staffing levels and conveyance rates.

Arriva

- Patient transport detailing staffing levels for 'simple' and 'specialist' journeys.

The CCG are currently working on a detailed system-wide demand and capacity plan in response to the provider submissions. Key objectives of this broader task were:

- To establish winter activity profiles for all providers and to link these to generate a system wide view of demand.

- To establish bedded capacity within the system and to evaluate modelling assumptions, baselines used and to establish the expected bed gap over the winter period.
- To highlight key urgent care schemes that will impact upon system demand over winter and where possible to predict their level of impact.

This work will also provide further insight for individual organisations to ensure they are aware of the impact on their services from surges identified earlier in the pathway. This work is further detailed in the 'Next steps – Ongoing review' section of this document.

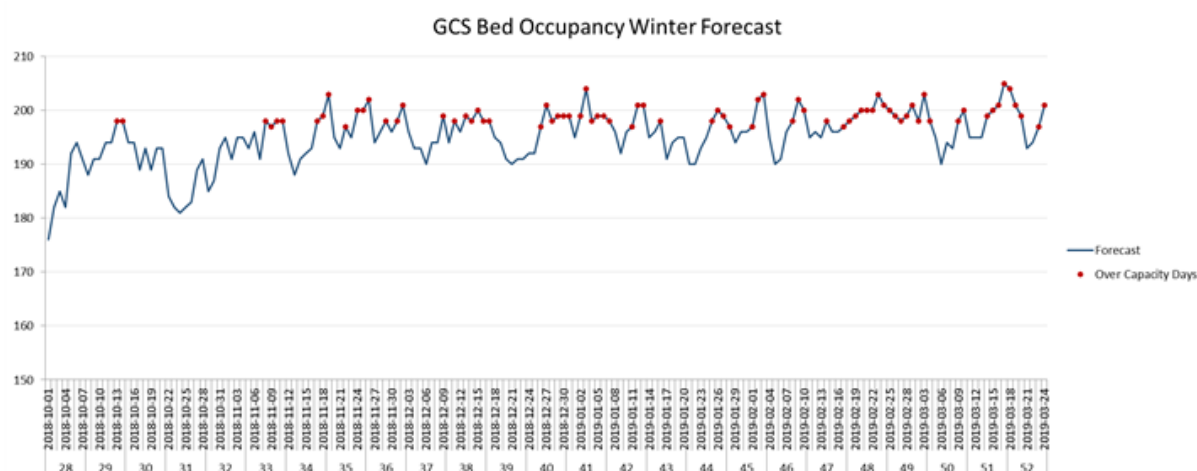
2) Winter Profiles

Gloucester Care Services

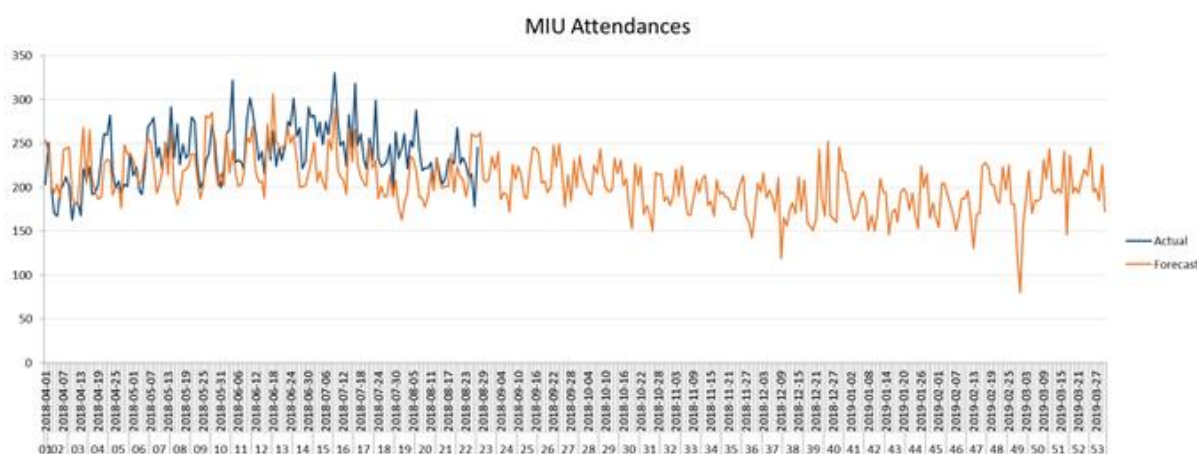
Inpatient bed days were forecasted to be 2.4% higher than in 2017/18, at 26,205 bed days by week 21, despite there only being an actual increase of 1.6% between 2016/17 and 2017/18. The actual bed days at week 21 were 1.5% higher than 2017/18. For the year to date, bed occupancy has been on average 90.1%, which is slightly under the forecasted occupancy of 90.9%. Weeks 1- 15 were consistently below the forecasted number of bed days, whereas from week 16- 21, occupancy levels were above the forecasts.

There are 77 days that are forecasted to be above 100% occupancy of 196 beds after week 28 (winter). This is in part due to the use of a baseline that includes periods when the bed base was extended beyond the 196 establishment and therefore can lead to the overestimation of demand. GCCG continue to work with GCS to refine the demand profile for community hospitals.

Particularly high demand days are 19th November, 3rd January, 3rd February, 23rd February, 3rd March, and 17th/18th March, where bed occupancy is up to 9 beds over capacity. There are also a few clusters of high demand (weeks 40-42 – post Christmas/ beginning of January, and weeks 47-50 – beginning of March). Despite forecasting several days above 100% capacity, for the year to date (weeks 1- 21), GCS have not yet experienced any days where bed occupancy is above 196.

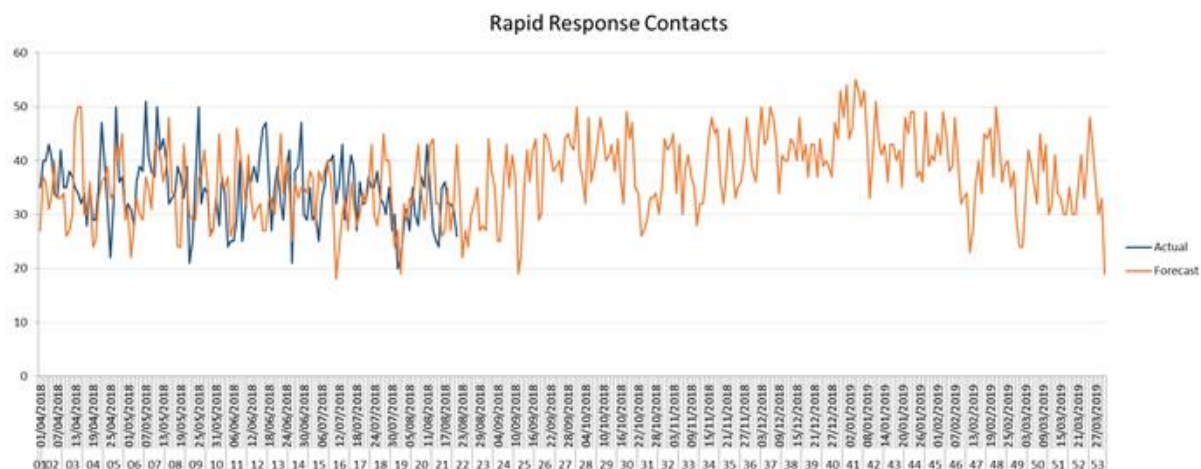


MIIU attendances are 7.3% above the forecasted levels up to week 21. This is also 7.4% above 2017/18 actuals. Looking at the forecast for the full year, demand on MIU's are expected to decrease during the winter months (weeks 28- 52), with a significant drop in activity predicted in week 49 (first week of March). MIU attendances follow an opposite pattern to the Acute ED demand during winter, in that there is a reduction from October – Feb, before rising slightly again in March (early spring) so the increased level of activity seen in the first months of the year is not expected to continue.



Rapid Response contacts for weeks 1- 21 have been at around the forecasted levels. Peaks in demand are forecasted to occur mainly between weeks 28- 30, and weeks 40- 42, of which the latter correlates with the expected increase in demand on community hospital beds. GCS consistently report that no referrals to the rapid

response service are rejected due to capacity issues.

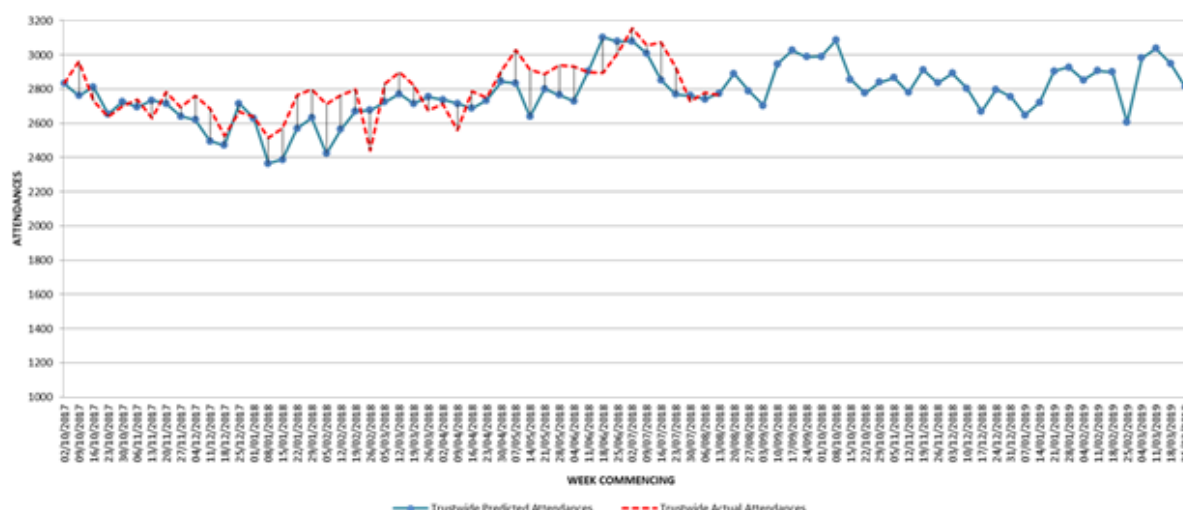


Gloucester Hospitals Foundation Trust

Predicted Emergency Department attendances for winter are approximately 5% above levels seen in 2017/18. Predicted demand for ED appears to often outweigh capacity but the impact of winter resilience and STP schemes (see section 4 – Scheme Impact) are predicted to achieve a more balanced position.

This modelling is based on a fully staffed rota, and does not take into consideration staff sickness or gaps in the rota. Based on the predictions so far for the year to date, actual attendances have been above the forecast for most weeks, suggesting that increases in attendances for winter 2018/19 could be higher than the forecasted levels.

WEEKLY PREDICTED DEMAND WITH ACTUAL ATTENDANCES (TO DATE) FOR WINTER 2018/19



Actions being undertaken to improve flow and reduce gaps in the rota include but are not limited to: international recruitment with remeduin partners, GP streaming service, Paramedics in ED, AMIA, Frailty Assessment Service, Surgical Assessment Unit, Gynaecology Assessment Unit and a Respiratory Hot Consultant service on AMU.

Despite current demand outweighing capacity, A&E has been meeting the 4 hour STF target of 90% each month since April this year. Although overall demand on A&E is up this year, the system has responded well to support the flow of patients.

Arriva

Demand and capacity are assessed on the day, using Sit-reps and the Alamac Kit Bag. Based on previous winter demands, Arriva will provide uplift in order to staff accordingly, including weekends and bank holidays. Potential discharges will be identified earlier in the day in order for patients to be more proactively managed, which will impact on the KPI service delivery performance. This includes MTA patients (must travel alone), who should be pre-identified before the day of travel to allow for best managed controlled resource planning. Arriva have outlined a Severe Weather Plan, which plans for adverse weather conditions, and also have a flu vaccination programme starting in October for all Arriva staff. The Severe Weather Plan includes procurement of items such as de-icers and rock salt, and establishing local arrangements with sub-contractors regarding the provision of extra resources, for example 4-wheel drive vehicles.

To address capacity, Arriva are filling any short and long term gaps in the rotas with overtime, bank and agency staff cover. A monitoring programme is also in place to

identify any trends in staff sickness rates. Along with the increased weekend and bank holiday discharges planned, with sufficient prior notification of this discharge activity, Arriva staffing levels could be increase to cope with this extra demand, and lessen impact on service delivery.

Care UK OOH

Based on benchmarked clinical productivity levels and actual current productivity, capacity has been reviewed so that rotas are constructed to meet demand based on hour of day and day of week. Based on the forecasted demand, staffing will be uplifted by 5%- 15% on the following days: 24th, 26th, 29th, 30th, & 31st December, as well as on 1st January. The contingency plans in place are a combination of Home Visiting, Base and Triage. There are also other contingencies in place where demand is higher than expected, such as cross working across Worcestershire/ Warwickshire and Gloucestershire if there are any spikes in volumes. Care UK also have a pool of on call clinicians that are able to deal with spikes in triage calls, in addition to a nationwide comfort calling pool of organisational staff, which will improve patient safety.

Based on the demand and capacity analysis, Care UK have based their staffing rotas around the busiest times of day, which are between 7pm and 10pm for Base & Advice, where they have higher staff numbers on the winter rota than the summer rota, equating to an additional capacity in winter of 22 cases per day. For Home Visits, Care UK has an additional capacity of 4.5 cases per day in winter.

Measures have been put in place to plan for adverse weather conditions, such as home working for staff to cover co-ordination and triage calls if there is a problem in travelling to a base. Winter driving awareness courses are being offered to Care UK staff, to ensure that staff can get to patients at all times. Plans are also in place to enable patients to be able to safely get to and from the bases at the hospitals.

3) Bed Modelling

Robust bed modelling has been undertaken in conjunction with GCS and GHNHSFT. On completion, both the assumptions and modelling will be reviewed and approved by A&EDB.

The approach to bed modelling is similar to the approach the system has taken in previous years which is to review the overall bed capacity ensuring that any 'ring fenced' beds (e.g. paediatrics, critical care, maternity) are modelled

separately. Demand has been tested based on a 3-year analysis of trend data as well as a correlation to existing flow to ensure historic trends are in line with current trends.

The main demand drivers of the bed model are occupancy, demand and length of stay; all of these assumptions are agreed at an individual organisational level.

One of the key stages of the modelling is to ensure that an 'as is' model is available to show the impact on the bed base if winter surges were to continue with no changes to the system (i.e. before the impact of the resilience schemes or STP solutions impact). Secondly, any known changes to pathways will be factored through to ensure the impact is fully understood with the final stage the incorporation of scheme impact.

Gloucester Hospitals Foundation Trust

The basis of the GHFT bed model are detailed below.

GHFT Peak Bed Deficit		72
Assumption	GRH	CGH
Demand	2.3%	2.3%
Occupancy	95%	95%
AVLOS [1]	4.2	3.5
Impact of Flu	As per 2016/17[2]	
Impact of Norovirus	As per 2017/18	
Staff vacancy factor	TBC	TBC
Staff Sickness rate	5.26%	5.26%

ASSUMPTION NOTES:

[1] Zero LOS (excluding activity on assessment wards) has been modelled using a LOS of 0.6 days.

[2] 2017/18 levels not applied due to higher than 'normal' levels experienced. Latest projections from Public Health indicate 2018/19 flu within a normal range.

Based on the above assumptions GHFT have reported bed pressures of approximately 72 across the winter period.

Gloucester Care Services

This years bed occupancy / usage has been calculated by applying a 2.4% growth factor to last year's demand, therefore last year's assumptions are relevant to this year's plan.

42

GCS Peak Bed Deficit	9
-----------------------------	----------

Assumption	Community Hospitals
Demand	2.4% Growth on 17/18
Occupancy	96%
AVLOS	26.5
Impact of Flu	TBC
Impact of Norovirus	
Staff Sickness rate (17/18 total)	4.63%

Based on the above assumptions the peak bed gap is predicted as being 9 during the winter period.

Total Bed Deficit	81 Beds
GCS Peak Bed Deficit	9
GHFT Peak Bed Deficit	72

It's predicted that at peak demand and without the impact of schemes to control activity the gap for this winter will be 81 beds.

4) Scheme Impact

As detailed in section 6 STP schemes are planned to have impact on the management of demand over the winter period. Each scheme has a predicted point of delivery, e.g. ED Attendances, EMG Admissions etc.

The schemes that will impact upon the level of ED attendances over the winter period are detailed below.

Scheme Impact – ED Attendances

Enhanced Primary Care Streaming in ED	3,000
Cinapsis – Hot Advice	2,210
Non-Injurious Falls	330
Frailty Assessment Service – Care Home Education	70
South Cotswold Frailty	110
Complex Care at Home	645
Total ED Attendance Impact	6,365

All figures stated represent the expected reduction in ED attendances.

The schemes that are expected to have an impact on the Gloucestershire bed based capacity have been reviewed and their predicted impact are summarised on the next page.

Scheme Impact – Bed Mitigation

Total GHFT Mitigations	37 Beds
Cinapsis*	14.5 Beds
Non-Injurious Falls	6 Bed
High Intensity Users / Find and Prevent	4.5 Beds
Frailty Assessment Service – Care Home Education	2 Beds
South Cotswold Frailty	2 Beds
Complex Care at Home	9 Beds
Telehealth	8 Beds
Total Bed Impact	83 Beds

** Outstanding schemes yet to be modelled – Multi-Disciplinary Teams*

The impact of these schemes along with the regular attender program working through the MDT's is expected to return a significant level of bed capacity to the system during the winter period. It is anticipated that this will completely close the bed gap with the potential for freeing additional capacity also.

5) Next Steps

The models that have been produced within each provider organisation will now be brought together to create system wide 'flow model' to enable scenario planning to take place. Peak demand scenarios will be the priority where we use the activity profiles for each provider in unison to 'stress test' the entire system, e.g. using peak acute discharges to validate the admissions expectations of social care and community hospitals.

Monitoring is also being put in place on all schemes to ensure that the expected level of delivery / benefit is gained over the winter period. This is already available for most schemes and is actively monitored in AEDB and GCCG's STP scheme evaluation.

45

9. Gloucestershire Escalation Plan

The GCCG Escalation Plan sets out the procedures across Gloucestershire to manage day to day variations in demand across the health and social care system as well as the procedures for managing significant surges in demand. The purpose is to ensure that all partners across Gloucestershire use a consistent and effective mechanism to access additional short term capacity in the right part of the system when demand peaks. This plan is currently consistent with the NHS England Operational Pressures Escalation Levels Framework (OPEL) version 1.0. The latest version of the Escalation Plan incorporating the OPEL levels is embedded in **Appendix 2**. This plan was produced in conjunction with national guidance and system partners. It is regularly reviewed with testing and workshops with all system partners throughout the winter period.

The plan includes the Escalation call process for the system, the communication process within the system and the co-ordination responsibilities at each OPEL.

10. NHS Improvement: Focus on improving patient flow

NHS England/NHS Improvement have provided guidance which outlines good practice in 10 areas that will improve patient flow which were originally recommended in Bruce Keogh's publication *"Safer Faster Better: Transforming urgent and emergency care services in England"*.

These 10 areas are:

- Ambulance Handovers
- Primary care Streaming
- Emergency Departments
- Mental Health
- Clinical Decision Units
- Ambulatory Emergency Care
- Acute Assessment
- Frailty
- Specialities
- Admission , Transfer, Discharge

The Gloucestershire A&EDB is committed to ensuring that the Gloucestershire system works to deliver against the core principles in order to secure a reduction in DToC and LoS this winter.

Each of the 10 areas has core principles and the Gloucestershire system's current position and the future plans are set out in Appendix 4.

11. Planned Care

Gloucestershire has a range of elective care providers who offer choice of location and provide some competition in the market. The main acute provider is GHFT but there are also a number of other independent providers offering a range of elective and diagnostic services across the county. Focus on Referral To Treatment (RTT) is given to all providers of elective and diagnostic services and all contracts are subject to regular monitoring and, where necessary, performance management to ensure consistency of access and quality.

Planned Care Performance

GCCG performance against the key elective constitutional targets (RTT, diagnostics and cancer) has been challenging in recent years. A significant factor was the introduction of a new hospital patient administration system at GHFT which has resulted in the Acute Trust being unable to provide National reporting of RTT from November 2016. Operational issues have resulted in lost capacity and an increase in the backlog of patients waiting for treatment and follow up. There is a robust governance structure and a series of recovery plans are in place to improve the position but this will take a number of months to complete and will likely continue through the winter period. These plans assume that elective care capacity is largely unaffected through winter and so the robustness of the resilience plan is critical to the continued recovery of these national standards.

Elective Care Programme

There is an extensive elective care programme in place with projects and work streams established in outpatients and elective inpatient / day case services. The outpatient schemes are primarily aimed at reducing elective referrals into acute providers through better communication between primary and secondary care clinicians supported by standardised referral processes and development of co-designed clinical pathways. This work is based on evidence from national benchmarking information supported by local clinical review of demand. Identified schemes will develop alternative referral pathways and the provision of enhanced advice and guidance to GPs and other healthcare professionals. The G-Care website is central to this strategy and includes referral forms, patient information leaflets, and service/pathway information. G-Care will continue to be the main platform for this information. Continued investment and development of the G-Care platform will help improve content and functionality throughout 2018/19 and beyond.

GCCG have invested in a web-based advice and guidance platform (Cinapsis) which will be piloted in 2018/19 in a handful of elective specialties before evaluation and potential roll out.

The CCG continues to review and add to its Individual Funding Request (IFR) policies taking into account the latest NICE guidance and national benchmarking information. Commissioning services based on good clinical evidence ensures better value for

money and is key to providing sustainable and effective care to the population of Gloucestershire.

In addition to the demand management aspects of the elective care programme there are projects related to improved efficiency and productivity of outpatients and theatres to ensure best use is made of existing resources e.g. implementation of partial booking, clinic slot utilisation improvement, improved clinic cancellation process, reduction in DNAs and “Getting it Right First Time” improvement plans, all supported by an update to the Trust’s access policy and improved operational processes and data quality.

Elective Capacity and Flow

A key element of GHFT’s overall bed capacity plan involves changes within the surgical division aimed at maintaining elective flow and mitigating the impact of medical bed pressures. These include:

- Continued use and development of a Surgical Assessment Unit on the surgical ward at GRH to accept GP expected surgical patients.
- Other LoS reduction schemes for surgical patients to enable bed transfers to medicine in a planned way.
- Surgical specialities will maximise the use of the Day Surgical Unit and 23hr stay beds to provide some protected surgical capacity.

In addition to the above schemes, elective work will be reviewed daily in line with the Trust escalation protocols (first case goes) to ensure priority is given to long waiters (>52 wks) and cancer patients.

12. Primary Care

GCCGs implementation of its Primary Care Strategy, published in September 2016, along with delivery of the General Practice Forward View (GPFV), is bringing significant change to Primary Care in Gloucestershire. The initiatives being delivered are releasing time for GPs to care for patients, improving access for patients to appointments, addressing workforce and workload challenges and improving the sustainability and resilience of general practice.

The schemes being progressed across the county can be summarised against the following themes:

- Practice Transformation.
- Practice Resilience.
- Care Navigation and Clinical Correspondence.
- Improved Access.

- Time for Care Programme.
- Workforce.
- Estates.
- Integration.
- Care Home Enhanced Service
- Urgent Primary Care
- Out of Hours

Further detail on each of these areas can be found in Appendix 5.

Some of the key highlights for winter (expanded further in Appendix 5) include:

Improved Access

Currently 16 clusters are participating and all pilots are now live and will continue to run until at least March 2020 in order to test these innovative place-based approaches to delivering Improved Access. This includes:

- Urgent visiting services working with SWAST to second paramedics to release GP home visits for chronic care;
- Advanced physiotherapists working in practices whilst employed by Gloucestershire Care Services;
- Mental health workers employed by 2gether, providing mental health support to patients in practices.

Integration

Within the Gloucester City and Stroud & Berkeley Vale localities, they have set-up place-based pilot boards. These boards have been the test-beds for developing new models of integrated working. With senior leadership from Gloucestershire Care Services and the 2gether Trust, these two localities have trialled integration initiatives such as:

- Mental health practitioners in primary care.
- Community dementia nurses in primary care.
- Multi-disciplinary meetings to provide integrated care “without walls”.

Workforce

New ways of working for GP substitute role pilots are developing at different paces to support the resilience of primary care:

- Mental Health Primary Care Practitioner – Pilot continues with 2gether Trust in Gloucester City.
- Advanced Physiotherapists in Primary Care.
- Specialist Portfolio paramedics – in partnership with SWAST. A pilot is underway in the Tewkesbury, Newent and Staunton and a home visiting service has been developed to run from the St Pauls cluster.

13. Social Care

Social care provision will be a critical element of securing effective flow through the Gloucestershire system this winter. Within the content of this plan, significant evidence exists of schemes and initiatives that will support improved resilience through the winter months. It is, however, acknowledged that a risk exists around demand outstripping available capacity within reablement, hospital to home, and independent sector home care providers. Significant work is underway to map and anticipate future demand requirements with a significant amount of additional investment as part of the iBCF funding being focused on remedying this resource gap as well as work being undertaken to review current domiciliary care capacity alongside new Care Navigator roles.

13.1. Reablement

Reablement is offered and available across all localities and at any one time provides care for between 250 to 450 service users. The range in the number of users is dependent upon the level of complexity and need of the individuals in service. This emphasises the difficulty in demand planning due to the variance in the service user numbers. The reablement actions include:

- Continuing to accept 100% of appropriate acute referrals for winter 2018/19.
- Continuing to work on community hospital referrals to ensure a smooth flow into reablement, although the pathway from the acute should be home.
- Continued focus to increase productivity, reduce down time / sickness and progress cases; with a focus on outcomes for the person being reabled.
- Domiciliary care framework introduced in Spring/Summer 2016 allows health and social care to purchase reablement from the independent sector to complement and work in collaboration with in-house reablement services, and to cover off areas of the county where supply may be low.
- Under the reablement offer, up to 6 weeks of free community hot meals can be provided via Adult Social Care linked to the duration of the reablement intervention.
- Hospital 2 Home service which support timely acceptance of referral and discharge county wide. Initial assessment period, over 48-72 hours to determine ongoing pathways which include no further service or diversion to voluntary sector, straightforward personal care and/or opportunities for reablement. Within this service, a Trusted Assessor approach continues to be developed.

13.2. Domiciliary Care

The Integrated Brokerage Team operating within Gloucestershire currently commissions work from 53 different Domiciliary Care providers and cares for approximately 1600 people, (though all providers also deliver care to self-funders). There are also a number of providers operating in Gloucestershire who are not

50

currently commissioned who are also providing care for 'self-funders' which fall outside of the remit of adult social care. The domiciliary care actions include:

- Working with the current market to identify gaps in delivery, particularly in relation to services relating to Dementia or Complex care at Home
- Working with Urban Lead providers to implement the contract aims of controlling and delivering all provision across their contracted areas, so they can assist with the management of the market and be part of the co-ordination of the Hospital Discharge process
- The Rural framework in operation since April 2016 has undergone review and an Urban Dynamic Purchasing System has been introduced so we are able to ensure there are formal arrangements in place to assist both Lead Providers and Commissioners in the co-ordination of the market
- The hospital to home service (H2H), procured separately, to the main Home Care Contracts is being extended to ensure that there is a dedicated team within each district/locality of the county to further aid discharges from the Acute Trust and community hospitals of new care requests.
- The Integrated Brokerage Team will also be managing contracts for complex care at home, for those requiring co-ordinated or complex support and a Discharge to Assess at Home, focusing on Dementia.

The actions that have been outlined as part of the winter preparation for both domiciliary care and reablement are as follows:

- Continue to monitor demand and capacity based upon understanding of predicted demand versus available and predicted capacity.
- Seek to increase availability of care "offers" which support people to return home.
- Seek to increase the availability of reablement capacity through managing the discharge pathways and increasing use of alternative provision for reablement.
- Continue to increase capacity with Domiciliary Care by bringing on line additional providers into the market, in line with demand modelling forecasts.
- Work with providers on recruitment and retention of care staff through a dedicated workforce development recruitment and retention officer working as part of the Proud to Care Gloucestershire roll out.
- Utilise RAG rating matrix and escalation plans to apply a consistent co-ordinated approach on actions to be taken at varying levels of escalation.
- Working with domiciliary care providers and reablement to understand how services could be scaled back safely and proportionately in periods of system wide escalation.

13.3. Care Navigators

The Care Navigator team has continued to expand across the county throughout 2017/18. They now provide support to both acute hospital sites as well as several of the community hospitals helping to deliver a seamless discharge service to those people who require assistance in arranging care in a hospital setting, but who are not eligible for social care funding. Their objective is to support the deflection of inappropriate referrals, or referrals that require social worker without resulting in funding of care packages. They also support patients and their family/carer with advice and guidance on a variety of issues e.g. resolution of simple housing issues, referrals to other support services and help with benefit claims. In addition, the team have access to the Integrated Brokerage Team within GCC for enhanced advice and guidance.

A GFRS retained firefighter works jointly across GFRS and the Care Navigator team and undertakes “Safe and Well” checks in patient’s homes. This direct link to the GFRS service has improved discharges where there are housing safety concerns, including hoarding.

A recent evaluation of the service has shown that, up to December 2017, the Care Navigators have diverted between 29-40% of referrals from the acute hospital social work team, despite not being fully recruited to. In response to the positive benefits realised by this service, additional investment has been identified from iBCF funding to continue recruitment of Care Navigators to further roll out into all community hospitals and to provide evening and weekend cover at GRH.

13.4. Trusted Assessor

The Trusted Assessor role is based in the existing Care Home Support Team (CHST) which commenced in September 2017 to run for a year and continues to develop. The post holder, who is a nurse, works closely with the acute, community hospitals and local care homes to provide support and resolve concerns when discharge from hospital to care home does not go smoothly. Since commencement of the role, the quality and timeliness of discharge to care homes has improved as well as the post holder sharing feedback and learning between providers.

An interim evaluation of the CHST Trusted Assessor pilot has demonstrated the added value and positive impact as part of integrated approach to managing transfers of care, improving patient flow and improving patient experience. For the four month period October 2017-January 2018, the service accepted 122 referrals and worked with care homes, acute hospital wards, onward care team and others to resolve blocks to discharges: these included 22 impartial clinical assessments undertaken by the CHST TA nurse. The CHST estimate that 64 acute hospital bed days were saved due to the interaction and support of the TA nurse. The learning from case studies is being used to improve quality and timeliness of integrated discharges, promoting communications between all stakeholders.

Throughout 2018/19, GCCG will work with GCS and care home partners to explore the current Trusted Assessor model and work towards securing permanent funding for this post to continue.

13.5. Discharge to Assess (D2A) – Pathway 2

D2A Pathway 2 supports patient discharge from the acute hospital setting and ensures that full MDT assessments are undertaken within an environment conducive to optimising outcomes for the patient. Across Gloucestershire a number of beds based within local Nursing Homes have been identified to provide this care and support. The number of beds flex across the seasonal months with additional capacity being made available during the winter months to support patient flow. The beds that will be available throughout the winter months have been included within the bed modelling that has taken place and has accurately predicted future need based upon a review from the 2017/18.

13.6. Gloucestershire Fire & Rescue Service (GFRS)

GCCG and GFRS continue to enable isolated, vulnerable or elderly people to return to their own home with the help of the Telecare Responder Service. This service is provided by GFRS who are named as “first responder” in the case of an emergency for >400 people in the county. This service also supports hospital and care home admission prevention and avoidance of emergency services call-outs with approximately 61% of these people using the service as their first responder.

In addition, GFRS are undertaking Safe & Well visits as part of discharge planning and social care assessments and provide support to the county’s Telecare service with simple fire equipment installations (ie. smoke alarms), de-installations and battery changes.

13.7. Voluntary Sector “Out of Hospital” Services

In Gloucestershire, a collaborative contract is in place between Age UK Gloucestershire and the British Red Cross to support adults who are discharged following a stay in hospital or a visit to A&E. The AgeUK element of the Out of Hospital (OOH) service works with people (aged 65 or over and younger by exception) for up to 4 weeks to reassure and help identify what is needed in the short term to get them ‘back on their feet’ and build longer term confidence following discharge from hospital. Support can include:

- A ‘Safe & Well’ Home Safety Check.
- Support to access benefits advice and guidance, e.g. attendance allowance.
- Information, advice and sign-posting to other services relevant to people’s needs.
- Practical tasks such as initial and essential food shopping.
- Volunteer visitors who can help rebuild confidence and support with tasks such as posting letters, shopping, accompanying to appointments etc.

The AgeUK service is available Monday to Friday, 9am-5pm.

The British Red Cross element of the service operates 7 days a week from 10:30am-10:30pm and supports safe and timely discharge from hospital for anyone aged 18 and over and who have little or no immediate support at home including:

- Safe transportation from hospital to home by car.
- Resettlement for up to 2 hours once home to ensure immediate physical and emotional needs are met.
- A limited Night Sitting service (from 10.30pm to 7.30am).

The OOH service leads are sighted on the daily system escalation reports and are able to quickly respond to system pressure, working closely with the acute hospital site team and Care Navigators. A robust winter offer has been made by the OOH service which further enhances day to day collaborative working with the Acute Trust by flex of their existing staffing capacity including volunteers and a focus on higher priority referrals.

14. Mental Health

14.1. 24/7 Liaison mental health (LMH) services in A&E

The Mental Health Liaison Team Service has three component parts:

Emergency Department Liaison and High Intensity Users

- The service provides Emergency Department liaison on a 24/7 basis and is working towards reducing the age criteria to 11+. There is a High Intensity Case Manager who ensures that frequent attenders have care plans in place to reduce ED attendance and admissions. Establishment of the High Intensity Case Manager role within the Mental Health Liaison Team has demonstrated an overall reduction in both attendances and admissions, where high intensity users are proactively case managed and have bespoke care plans that are developed around their specific needs. There is also funding in place via a Better Care Fund application to pilot, over two years, the Serenity Integrated Mentoring model for high intensity users (see below section 13.3).

Older People Liaison

- The MH Older Peoples element of the MH Liaison Team essentially provides a service for adults with organic disorders: The team will provide advice, support and assessment to ward teams for patients with complex dementia or where delirium has been identified or is suspected. The MHLS will following

assessment, ensure that patients with a diagnosis of dementia are signposted to the dementia care pathway.

Alcohol Liaison

- This service will work with hazardous, harmful and dependent drinkers of all ages, attending ED and admitted as inpatients to GRH and CGH. The service will provide interventions in the hospitals to; reduce ED attendances and hospital re-admissions as a direct result of Alcohol misuse, reduce drinking behaviour for ED attenders and hospital inpatients, best manage the needs of dependent drinkers in hospital, including and provide education to hospital staff dealing with this client group.

14.2. Crisis Care Concordat (CCC)

Crisis Resolution and Home Treatment Teams have been remodelled and the new service is called the “Mental Health Acute Response Service (MHARS)” and will have increased capacity and resources to address gaps in the urgent care pathway. The service operates a broader eligibility criteria, faster response times for initial contact, triage and full assessment. The service will be comprised of two elements:

1. Urgent Response Team (URT).
2. Rapid Assessment and Home Treatment (RAHT).

Co-location with Police at Waterwells has taken place and 2gether staff are working to agreed protocols with the Police which are aimed at reducing s136 MHA detentions. The service is currently piloting a limited street triage project. The service is working with 11+ (triage assessment/short term crisis management pending handover to CYPS).

It is envisaged that the MHARS service and high intensity initiatives will have far reaching impact including admission avoidance and reductions in ED attendances.

14.3. High Intensity Network / Serenity Integrated Mentoring (SIM)

The SIM model brings mental health professionals and police officers together in joint mentoring teams; intensively supporting service users who are struggling to manage high frequency and high-risk crisis behaviours.

By combining the clinical expertise of a mental health professional with the boundary setting skills of a police officer in a personal, relational and consistent approach, service users can start to change their key crisis decisions and consider healthier and safer responses to often highly complex emotions. This can result in reduced instance of patient 999 calls, Emergency Department attendances and hospital admissions; these were the original planned outcomes of the initial iBCF funding application and therefore it is the delivery method which has changed and not the outcomes.

Key delivery agencies, 2gether and Gloucestershire Constabulary are engaged in developing this new service with funding required for a police officer to be seconded over two years to 2gether who will deliver and evaluate the service with commissioners. High Intensity Network membership includes access to training, evaluation and project management support tools.

14.4. Persistent Physical Symptoms

Persistent Physical Symptoms (PPS – previously known as Medically Unexplained Symptoms) are distressing physical symptoms, for which no medical cause can be found. An estimated 15–30% of primary care consultations are for PPS. Those affected use significantly more healthcare resources, without resolving either their symptoms or the associated psychological factors.

Through Health Foundation project funding the aim of this project was to offer one detection and treatment approach to support individuals with PPS. A screening tool for routine GP use was introduced into five GP practices across Gloucestershire to detect and facilitate early intervention for PPS patients. A treatment protocol and manual were developed. Primary Care and IAPT staffs were trained to offer the psychological intervention.

By using an easy-to-administer screening tool, the project has shown that a large number of patients attending GP surgeries experience PPS. In addition, a large proportion of these patients with PPS wish to receive psychological treatment. Although the number of people currently receiving treatment is small, the team will continue to screen and identify eligible patients and will broaden access to therapist and supervisor training in order to overcome challenges around therapist attrition.

15. Transport

Within Gloucestershire, ATSL is the main provider of non-emergency patient transport. ATSL are responsible for the safe, timely and comfortable transport of patients between their place of residence and the healthcare facility, between healthcare facilities and from the healthcare facility to their place of residence.

The main services that patients are transported to and from are:

- Outpatient appointments at any treatment centre.
- Day case and inpatient admissions and day care.
- Discharges from hospitals/treatment centres.
- Discharges from EDs/MIIUs.
- End of life patients.

- Renal dialysis patients.
- Hospital transfers.

Delivery of Patient Transport remains a challenge and it is noted that the effectiveness of the Patient Transport Service is only partly under ATSL's control and ATSL needs to work together with acute and community providers to help deliver a cost-effective, high quality and timely service to all patients. There are some ongoing areas for improvement in order for performance to increase. These include work to move more on the day bookings to pre-booked and addressing an increasing number of aborted journeys.

At times of unpredicted high demand or system pressure, ATSL are able to pull resources from other neighbouring CCG areas, if available, as well as third party support.

To support this work there is a Transport working group / Workstream where issues can be discussed between providers. The group also aims to maximise capacity and reduce waste to improve delays. This group is working together in order to reduce unnecessary cancellations / abortions of transport and to reduce the amount of bookings made on the day in order to allow ATSL to plan their capacity and demand with greater accuracy ahead of time.

This year GCCG have commissioned the Patient Transport Advice Centre (PTAC) service to:

- Provide transport eligibility assessments under the DoH criteria
- Make a booking for those who are eligible
- Provide signposting for those who are ineligible for Non-Emergency Patient Transport or Patients travelling for private treatment paid for by themselves.

This service provides additional rigour around assessing patients for their eligibility for patient transport and ensuring the correct transport is booked.

In order to minimise the impacts of adverse weather challenges, ATSL have a clear plan in place which complements their business continuity arrangements. The plan outlines their approach to ensuring the continued provision of services during periods of adverse weather and provides guidance to ATSL staff on actions to be taken. Contractual arrangements and ATSL performance are discussed and closely monitored at joint GCCG/ATSL contract boards. The ATSL winter plan will be reviewed and discussed at the next contract board at the end of September. GCCG acknowledges that the degree to which resources can be pulled from other CCG areas is limited in that pressure will be evident across all CCGs but ATSL do have the option of sub-contracting to 3rd party providers when additional capacity is required, however this is at an additional cost. Acute and Community Hospitals and the CCGs have a responsibility to ensure that the default is that patients make their own way to and from

hospital and that patient transport resources are reserved for those patients that really need it due to medical need.

The effectiveness of the service delivered by ATSL is only partly under ATSL's direct control. There are a number of key external actions and influences which impact on the effective delivery of a high quality and timely service to all patients. This remains a challenging environment in which to deliver change and improve booking behaviours but ATSL and GCCG are working with Acute Trust colleagues to reinforce the need to plan ahead for the patient transport element of discharge planning in particular, in order to improve patient experience, maximise patient transport resource efficiency, and enable ATSL to better help support hospital flow.

16. Communications – comms team

This plan sets out comprehensive communication and campaign arrangements for health and care partners during the autumn and winter period 2018/19 and is based on learning from 2017/18.

It reflects the need for a sustained campaign approach in relation to prevention, access to care advice and appropriate use of services (signposting).

It covers three key campaigns:

- Flu vaccination - Help Us, Help You – Stay Well This Winter. The first element of the national campaign to run from October 2018
- Help Us, Help You - Stay Well This Winter. This campaign element encourages vulnerable people to take early action if they are beginning to feel unwell. Campaign expected to run from November 2018
- The health and care community is actively commissioning a sustained health care options/signposting campaign for 18/19, starting in Winter 2018. The key steps in the design and implementation timeline are set out as part of the action plan below. Following discussion with A&E Delivery Board members (August) and approval of a subsequent brief, it is expected that the campaign will include the following key features:
 - Front end 'hard hitting' approach – highlighting the impact on the NHS and patients of inappropriate ED use (TBC – subject to insight carried out by the commissioned agency)
 - Campaign call to action – likely to focus on simple and clear messaging on care options and main 'entry points into the system' including this year 'call your GP surgery if you have an urgent medical need/illness that won't go away' (and extended access)
 - Print and extensive on-line and video options for promotion of the campaign

- Full consideration given to supporting greater resilience, regardless of the time of the week or year e.g. tailored collateral and approaches to support periods of 'peak' demand e.g. bank holidays and seasonal pressures
- Positioning of NHS 111 in line with the national campaign (urgent medical need).

This plan also sets out escalation arrangements for periods of increased pressure in the system.

It incorporates local detail within a common framework that spans the whole of Gloucestershire, including GCCG, local NHS trusts, the County Council, NHS England and Public Health England.

It also sets out working relationships with the multi-agency A&E Delivery Board and Local Resilience Forum (LRF).

This joined-up approach recognises the advantages of:

- Sharing resources and reducing duplication of effort
- Aligning messages
- Aligning timings
- Complementing national communication and campaign plans
- Handling inter-organisational issues, especially at time of escalation and taking a system wide approach to resolution.

Please see Appendix 6 for the full Communication Plan.

17. Mortuary

GCC has a Managing Excess Deaths Contingency Plan that has been adopted by Multi Agency partners throughout the county and GCCG has worked extensively with GCC's Mortuary Manager and the Coroner's office with regard to this.

The accommodation within the existing County Mortuary (62) has been under pressure throughout the past twelve months. There is an agreed Local Resilience Forum (LRF) Excess Deaths Plan to increase the capacity of the County Mortuary to 100 through the use of refrigerated units called "Nutwells" each of which holds 20 bodies. There is additional capacity within both GRH and CGH Mortuaries that are no longer licensed for post mortems under the Human Tissue Act but still perform a refrigerated holding capacity for storage. They in turn have hired in and purchased additional refrigerated units for the storage of bodies

There are good working relationships across Gloucestershire between GCC's Mortuary, the acute mortuaries and the various undertakers which help facilitate prompt services and will continue to ease pressure into winter 2018 / 19.

18. Infection, Prevention and Control

18.1. Influenza

Gloucestershire Clinical Commissioning Group (CCG) is developing Seasonal Influenza Infection Prevention and Control plans in line with National Guidance from NHS England (NHSE) and Public Health England (PHE): it is updated as new guidance becomes available. The planning sets out our strategic approach to implementing and gaining assurance on the local seasonal Influenza and Pneumococcal Vaccination Programme, working in an integrated approach with partner organisations and communications with our population.

The flu vaccination rates for Gloucestershire for 2017/18 were reviewed in detail against previous years and the 2018/19 targets – summary rates were:

Seasonal Flu vaccination Uptake Amongst Frontline NHS Workers			
	2016/17	2017/18	Local Target: 2018/19
Gloucestershire Hospitals NHSFT	57.8%	75.7%	75%
Gloucestershire Care Services NHST	56.2%	72.0%	75%
2gether NHSFT	77.2%	76.6%	75%

Seasonal Flu vaccination Uptake Amongst 'At Risk' Groups					
	2014/15	2015/16	2016/17	2017/18	National Target: 2018/19
People 65 years +	74.0%	72.7%	71.9%	74.4%	75%
People <65 years 'at risk'	49.5%	45.1%	50.6%	50.1%	55%
Pregnant women (all)	42.6%	43.9%	46.3%	58.6%	55%

Lessons learned from the 2017/18 season have been incorporated into the plan: these include:

- Acknowledgement of increase of staff flu vaccinations last year meeting the Commissioning for Quality and Innovation (CQUIN) targets, plus request for further assurance from all main Providers on their flu vaccination, norovirus and winter resilience plans

- Active involvement in multiagency project led by the Gloucestershire County Council (GCC) Public Health (PH) team to pilot 2 additional models of flu vaccination delivery for care home staff; together with enhanced communications and flu champion network. The pilot is also responding to feedback from care home staff for further support with Infection Control messages for residents' visitors
- Repeat of successful annual 'Hot Topics' conference for care home and domiciliary care staff, which includes Infection Prevention involving GCC PH and Public Health England (PHE) team; and also offers health and social care staff flu vaccinations on the day
- More detailed review of the vaccination rates for range of 'at risk' groups, then further support for all partner organisations and messages for the public to improve uptake of flu vaccinations in 'at risk' people under 65 years e.g. promoting easy-read communications, highlighting the use off-licence via a Patient Specific Direction (PSD) of the nasal spray as a last option for people who are not able to tolerate an injection, including people with learning disabilities or dementia,
- Earlier communications with partners & public to re-enforce National messages e.g. hand-washing, strengthening local myth-busting messages e.g. 'It's Not Too Late To Vaccinate'
- Communications to improve uptake in people not eligible for NHS flu vaccine – 'Help Protect People You Care For' e.g. via the CCG Information Bus

CCG have reviewed the assurance data submitted by GPs to NHSE regarding ordering flu vaccinations and are working with those Practices where further local support is needed. CCG are sending out regular reminders to GP Practices via newsletter to highlight the NHSE recommendations on use of different types of vaccines for different groups of people. The briefings have also highlighted the need for General Practices and Community Pharmacists to work collaboratively to make most effective use of the vaccine stocks as they become available, mindful of the NHSE advice on prioritising the vaccinations for people 65+. We acknowledge that there is a risk of potential delay in supply and are highlighting to GPs the need to amend their plans to account for the delivery schedule of the vaccine this year. The CCG have commenced the communications to GPs about this. The CCG are also working with our Local Pharmaceutical Committee (LPC) and Community Pharmacists for flu planning for 2018/19.

We are scoping the use of near-patient testing for flu, building on the use in 2017/18 in one of our acute hospitals. Options include use by the ambulance Trust, but also our Gloucestershire Care Services (GCS) Rapid Response team. We are also

extending plans for rolling-out National Early Warning Score (NEWS2) training for care home staff.

We review the daily reports from PHE and other data sources to monitor where there are local respiratory, gastro-enteritis or other outbreaks and any trends. The CCG chairs the local Health Care Acquired Infection (HCAI) Group which takes an overview of incidence, severity and trends of infections, identifies any gaps in processes or assurance and monitors progress of improvement action plans. The CCG works with our partners in the GCC PH team when we are aware of outbreaks in schools.

We are building on our experiences of supporting care homes during and after an infection outbreak, based on support from our GCS Care Home Support Team (CHST) to work with PHE and the care home during the outbreak and also for ongoing support for any education, training or support needs going forwards through the winter. This includes an ongoing pilot by Public Health in care homes across Gloucestershire which is aiming to increase the vaccine uptake and work around IPC, this pilot also includes an enhanced communication campaign. The CHST Trusted Assessor role can also provide whole system support by liaising with PHE, care home and hospital staff for the safe and timely transfer of patients during when there is an infection: this includes support for the system to keep care home residents at home.

18.2. Infection control

There is an increased risk of infection control during periods of escalation typically during winter when the levels of community acquired infections (predominantly norovirus) are higher. In 2017/18 a total of 150 bed days were lost affecting 86 patients due to norovirus at GHFT. In GCS 379 bed days were lost over the year due to viral gastroenteritis outbreaks and flu with a total of 151 patients.

Building on the learning from last winter, the CCG and partners are working together to further reduce admissions from Care Homes to hospital and to support more timely discharge from hospital: this includes when the resident and/or Care Home has an infection.

Initiatives include further roll-out of the scheme for Care Homes to have direct access to the Rapid Response service, linked with NEWS training, enabling wrap around support to reduce the need for ambulance attendance, avoid hospital admissions and also to support earlier hospital discharge. There are a number of smaller schemes being set up to support care home staff, GP Practice staff and other organisations to work in a more integrated way for person-centred care planning, treatment escalation

plans, recognising the deteriorating patient (including NEWS), reducing avoidable admissions and supporting improvements in hospital discharges

The CCG is leading on a project to improve patient flow in the system when the patient and/or care home has an infection (respiratory, gastroenteritis or other), working with the care homes and other partners. The PHE guidance on transfer of residents when there is an infection is being promoted earlier this winter, via our Care Home networks and specifically our Flu Champions Network: this is to support not transferring to hospital unless no clinical alternative, but also discharging safely from hospital when there is an infection.

At GHFT and GCS outbreaks of diarrhoea and vomiting are managed using the Southwest Norovirus Toolkit (V2) and this tool kit provides guidance on the escalation procedure for the management and communication of norovirus outbreaks within the Trust. The annual deep cleaning programme (and when necessary, an enhanced programme of cleaning) provides assurances that the environment cannot act as a reservoir for the contagion. The Combat Norovirus Campaign is refreshed each year aims key messages at visitors, patients and staff including symptoms, promoting hand washing, restricting visiting and restrictions for returning to work.

All infection outbreaks, such as measles, will be managed through the Health Protection Incident Response Plan in Gloucestershire Public Health. This plan was tested in 2017 and remains viable for this year.

In response to measles, and following a promotional campaign, Gloucestershire has had an increase in the uptake of the MMR vaccine this year and now has vaccine rates above 90%.

Public Health is running an IPC training programme in schools in October and November. This programme will be training teachers to 'teach' children about IPC.

The Healthcare Associated Infections Group will meet in winter in order to discuss and monitor the infection control levels and vaccine uptake across Gloucestershire. This group will provide assurance and be responsive where needed.

19. Adverse Weather

Appendix 1 of the National Cold weather plan identifies the impact of cold weather on the Health Economy. All members of the Local Health Resilience Partnership (LHRP) are required to refer to the National plan within their business continuity planning process which has been assured by GCCG against NHS England Core standards.

Severe weather warnings issued by the Met Office are received by those organisations through widespread warnings and briefings. These warnings contain actions that must be taken as per the National Severe Weather Plan.

Upon receipt of a warning of severe weather, if appropriate, a Multi-Agency teleconference will be called amongst the members of the Gloucestershire Multi Agency Local Resilience Forum. This group includes a member of staff for NHS England who will disseminate information across the Health Community via the format listed in Chapter 4 of the Health Community Response Plan.

20. Business Continuity Plans

All key stakeholders have resilience embedded within their Business Continuity Plans (BCP) with all organisations subject to the Core Standards for Emergency Preparedness, Resilience and Response assurance process by NHS England during Q2 of 2018. All stakeholder plans were found to be fit for purpose.

All Key stakeholder plans are aligned with good practice and appropriate guidance of ISO 22301.

The key elements of Business Continuity (listed below) have been tested by all organisations to ensure that their plan:

- Identifies and manages current and future threats to their organisation
- Takes a proactive approach to minimising the impact of incidents
- Provides a framework for building organisational resilience
- Keeps critical functions up and running during times of crises
- Minimises downtime during incidents and improves recovery time
- Demonstrates resilience to stakeholders and suppliers
- Protects reputation and brand

Irrespective of the disruption, BCPs need to cater for the loss or unavailability of the following:

- People
- Information and data
- Premises and utilities
- Suppliers and contractors
- IT and infrastructure

21. Conclusion

Gloucestershire health and social care community are committed to providing high quality and responsive services during winter 2018/19. Significant work is underway to ensure resilience is embedded across the system and provide assurance that services can effectively respond to fluctuating demands that are created by seasonal variation. The overall view of the system resilience planning last year is that despite system pressures the Gloucestershire system performed well and the aim for this year is to build on the success from 2017/18.

Ensuring that services have undertaken detailed demand and capacity modelling for individual services is regarded as critical, alongside robust bed modelling which has been based upon accurate assumptions.

New “offers” have been identified which provides enhanced services alongside assurance to the Gloucestershire system that we are “winter fit” and ready to meet the challenges that are known and anticipated throughout the winter period.

It has been acknowledged by all health and social care providers that “working together” and ensuring where possible that services are integrated and seamless for patient care delivery is pivotal. It is also dependant on the hard work of the staff in both health and social care for which the system passes on its thanks. This plan will provide assurance to the staff and Gloucestershire citizens that “The system becomes more than just the sum of its part”.

22. Appendices

Appendix 1 - Bank Holiday Planning and Provider Assurance



Appendix 2 - GCCG Escalation Plan 2018/19



GCCG Escalation Plan
 18-19 v0.2.docx

Appendix 3 – Resilience Scheme table 2018/19

Appendix 3 – Resilience Schemes

Resilience Schemes 2018/19

Priority	Scheme
ED Staffing and Rotas	Capacity in ED: 3 consultants
	Emergency Nurse Practitioners
GHT Bed Capacity and Flow	Brokerage
	IAT and OCT delivery
Community capacity	Dom care/reablement: Hospital to Home pathway
	Reablement: First responder service
Weekend discharges	Weekend discharges: acute
	IDT: weekend discharge support
Attendance / Admission Avoidance	Pharmacy Minor Ailments Scheme
	Pharmacy Urgent Repeat Medicines
	Enhanced Primary care in ED
	Streaming system - GHFT
	Voluntary sector support: Red Cross and Age UK.
	NHS 111 DOS
	Primary Care in ED (GP Streaming)
	Maternity Triage
System Support	Online Performance system (Alamac)
	Additional winter communications
Escalation Reserve	Nursing Home Escalation beds

67



Appendix 4 - NHS Improvement: Focus on improving patient flow

Appendix 4 – NHSI Focus on Improving Patient Flow

1.1. Ambulance handovers		
Outcome		
Patients arriving by ambulance enjoy a seamless handover to an ED without delay, supported by the transfer of patient information from the ambulance service to the hospital.		
Core principles	Current position against principles	What's new for winter 2018/19 and the year ahead
EDs should accept handover of patients within 15 minutes of an ambulance arriving. Leaving patients waiting in ambulances or in a corridor supervised by ambulance personnel is unacceptable.	<p>Currently 88% (Apr-Jul '18) of handovers are completed between 15 and 30 minutes.</p> <p>Currently 53% (Apr-Jul '18) of wrap ups are completed under 15 minutes, with a further 37% in the 15 to 30 minute timeframe.</p> <p>The Gloucestershire aim is to ensure we meet the agreed trajectory, as communicated by NHSI to acute trusts in August 2018;</p> <ul style="list-style-type: none"> ○ NEVER keeping patients on ambulances ○ Zero tolerance for 60 minute delays ○ 95% within 15 minutes ○ Average hand over time of <13 minutes ○ Average wrap up of 12 minutes 30 seconds mean time <p>Gloucestershire CCG is supporting SWASFT with a current challenge of significant lost time at the Royal Gwent which is being escalated through the cross boarder meeting.</p>	<p>In order to drive this change the following actions are being developed collaboratively between GHFT and SWASFT to develop the specific local action plan;</p> <ul style="list-style-type: none"> ○ Weekly local review of delays ○ Sharing of activity to ensure granular view of escalation ○ Winter investment in alternative transport / effective management (£120k winter budget) ○ Joint site meetings ○ Progress (including STP delivery plan)
On arrival or at the time of initial assessment, patients on trolleys should be assessed for their suitability to be transferred to wait in a chair. 'Fit to sit' assessments help release ambulances to respond to the next call.	At present an initial assessment is undertaken as to whether patients are able to sit in a chair or they require a trolley and action taken accordingly within the unit.	The process in place achieves the core principles – no additional actions required.
The clinical assessment of patients arriving by ambulance should start within 30 minutes of their arrival at an ED.	A dedicated reception and clinical triage for ambulance arrivals has been established, aiming to undertake initial assessment within 15 minutes of arrival.	Performance is closely monitored and ambulance handover times demonstrate delivery. 69
Clinically stable patients referred to an ED by a GP should go directly to an assessment service to be assessed by the clinical team within 30 minutes of arrival.	A new medical GP pilot has been commenced in August 2017 whereby GP patients are identified and then reviewed on the AMU.	During the winter Gloucestershire will have further evolved the model, GP medically stable GP send going straight to the AMU / AMIA and not 'touching down' in ED. In support of this the CCG is investing £150k in the cinapsis communication tool and associated system change which is

Appendix 5 – Primary Care Plan

Appendix 5 – Primary Care

1. Primary Care

GCCGs implementation of its Primary Care Strategy, published in September 2016, along with delivery of the General Practice Forward View (GPFV), is bringing significant change to Primary Care in Gloucestershire. The initiatives being delivered are releasing time for GPs to care for patients, improving access for patients to appointments, addressing workforce and workload challenges and improving the sustainability and resilience of general practice.

The schemes being progressed across the county can be summarised against the following themes:

1. Practice Transformation.
2. Practice Resilience.
3. Care Navigation and Clinical Correspondence.
4. Improved Access.
5. Time for Care Programme.
6. Workforce.
7. Estates.
8. Integration.
9. Care Home Enhanced Service
10. Urgent Primary Care
11. Out of Hours

1.1. Practice Transformation

In 2017/18, we supported every cluster with their individual proposals, which are now live in all clusters, with some clusters working together to achieve even greater scale. The initiatives are:

- Clinical Pharmacists – eleven clusters chose to employ clinical pharmacists, working across their allocated clusters and equitably shared amongst their constituent practices. This has resulted in almost 20 additional clinical pharmacists and complements the successful waves of NHS England's Clinical Pharmacist programme we've benefited from in Gloucestershire. The CCG has supported the clusters throughout, with our Medicines Management team providing expertise with recruitment along with a peer support network. Some examples of the work the pharmacists have been able to undertake for patients and practices include polypharmacy reviews, medication queries, hospital discharges, repeat prescribing reviews, protocol alignments and so on. The feedback we're collating from practices on their new workforce has been excellent.

71

- Community matron / frailty nurses. Three clusters decided to pursue elderly care services for patients in their own homes. Two clusters have employed through the local GP federation company, while one has determined to work

Appendix 6 – Communication Winter Plan

Winter Planning 2018/19

Communications Strategy and Plan

1. Introduction

This plan sets out comprehensive communication and campaign arrangements for health and care partners during the autumn and winter period 2018/19 and is based on learning from 2017/18.

It reflects the need for a sustained campaign approach in relation to prevention, access to care advice and appropriate use of services (signposting).

It covers three key campaigns:

- Flu vaccination - Help Us, Help You – Stay Well This Winter. The first element of the national campaign to run from October 2018
- Help Us, Help You - Stay Well This Winter. This campaign element encourages vulnerable people to take early action if they are beginning to feel unwell. Campaign expected to run from November 2018
- The health and care community is actively commissioning a sustained health care options/signposting campaign for 18/19, starting in Winter 2018. The key steps in the design and implementation timeline are set out as part of the action plan below. Following discussion with A&E Delivery Board members (August) and approval of a subsequent brief, it is expected that the campaign will include the following key features:
 - Front end ‘hard hitting’ approach – highlighting the impact on the NHS and patients of inappropriate ED use (TBC – subject to insight carried out by the commissioned agency)
 - Campaign call to action – likely to focus on simple and clear messaging on care options and main ‘entry points into the system’ including this year ‘call your GP surgery if you have an urgent medical need/illness that won’t go away’ (and extended access)
 - Print and extensive on-line and video options for promotion of the campaign
 - Full consideration given to supporting greater resilience, regardless of the time of the week or year e.g. tailored collateral and approaches to support periods of ‘peak’ demand e.g. bank holidays and seasonal pressures
 - Positioning of NHS 111 in line with the national campaign (urgent medical need).

This plan also sets out escalation arrangements for periods of increased pressure in the system.

23. Glossary

2G – 2together NHS Foundation Trust (Mental Health)

AMIA – Acute Medical Initial Assessment

ASC – Adult Social Care

CGH – Cheltenham General Hospital

DoS – Directory of Services

DToC – Discharge to Onward Care

GCC – Gloucestershire County Council

GCS – Gloucestershire Community Services

GFRS – Gloucestershire Fire and Rescue Service

GHFT – Gloucestershire Hospitals NHS Foundation Trust

GRH – Gloucester Royal Hospital

LoS – Length of Stay

SWAST – South West Ambulance NHS Foundation Trust

This page has been left blank

BRIEFING PAPER

Temporary Change to the Radiology Service in Gloucestershire

1. Introduction

The purpose of this paper is to update the Health and Care Overview and Scrutiny Committee (HCOSC) on the planned temporary changes to the provision of radiographic services in the county and most notably a reduction in the service hours of routine plain x-ray in a number of community settings.

The key driver for this temporary change is an unsustainable level of staff vacancies within the service which is jeopardising the safe provision of specialist interventional radiology services delivered from the acute hospital sites.

2. Summary

Gloucestershire Hospitals NHS Foundation Trust provides routine and specialist radiology services throughout the county including provision at both acute hospital sites and seven community hospitals. Whilst local services are recognised as being of high quality, recruitment into the service has not kept pace with staff turnover and the Trust is now facing an unsustainable position whereby it cannot provide the full range of services whilst guaranteeing their safety. This shortage of radiographic staff reflects a national picture but is now more acute in Gloucestershire than elsewhere in the South West Region with a vacancy rate of 24% compared to the regional average of 17%.

In order to ensure the safety of all services, and particularly the high risk interventional radiology service, temporary changes to provision are now required. The changes planned have been carefully considered and have been developed on the basis of the impact on patient safety, patient experience and workforce impact. The proposal will result in the reduction of service hours in the community hospital settings from 252 hours per week to 177 hours (30%). Importantly, to support patients with limited access to transport, services will be provided at each location every week as a minimum. Additional capacity will also be created, through service redesign initiatives, to ensure there is no overall loss of service capacity across the nine sites in order to ensure that overall waiting times do not increase.

These changes will ensure that the Trust is able to respond to the Care Quality Commission's (CQC) 'must do' recommendation in respect of interventional radiology services and also meet the Royal College Of Radiologists national service standards which require the provision of formal 24/7 staffing rotas for IR services.

3. Context

NHS services across England can be subject to temporary closures, In Gloucestershire the requirement to make a temporary closure, affecting Gloucestershire residents, has not occurred previously. It has recently become clear that a temporary change affecting the general radiology service in Gloucestershire is required to ensure the safe provision of more specialist services at the acute hospital sites. This will require the reallocation of staff across the county resulting in reduced access to some community provision.

Changes can be made temporarily under regulation 23(2) of the s.244 Regulations (National Health Service Act 2006¹) because of a risk to safety or welfare of patients or staff. In these circumstances it may not be possible to undertake any public involvement or consultation with the Local Authority. The local NHS should try to undertake as much engagement as possible in the time available and discuss with NHS England and NHS Improvement how this can be assured.

A Joint Working Protocol (2017)² has been developed by NHS England and its partners to give guidance to organisations when a hospital, service or facility closes unavoidably at short notice.

When an NHS or independent hospital service or facility closes at short notice, it is important that all parties take action in a timely way. Organisations should work together to prevent the closure of services. The Joint Working Protocol clarifies the roles of partner organisations (Partner organisation roles are set out in Appendix 1) and is intended as guidance with which organisations can work together and in accordance with the four principles:

- The needs of people using services must be at the heart of everything we do
- Prevention is better than closure
- Where closure is unavoidable and/or in the best interests of residents, all partners need to know what to do and to work effectively together
- Communication must be maintained throughout with patients and their families and carers and with partner agencies and the media

4. Drivers For Change

The key driver for this temporary change is an unsustainable level of staff vacancies within the service which is jeopardising the safe provision of specialist interventional radiology services delivered from the acute hospital sites.

¹ National Health Service Act 2006
<https://www.legislation.gov.uk/ukpga/2006/41/section/244>

² The Joint Working Protocol 2017
<https://www.england.nhs.uk/publication/joint-working-protocol-when-a-hospital-services-or-facility-closes-at-short-notice/>

4.1 What is Interventional Radiology?

An Interventional Radiology (IR) service comprises a team of interventional radiologists (IR), radiographers and nurses, using a range of techniques which rely on radiological image guidance to precisely target therapy, performing a number of different life and limb saving procedures including:

- Stopping Haemorrhage (e.g. Trauma, GI bleeding, post-partum haemorrhage)
- Thoracic Aortic Aneurysm
- Acute Peripheral and Visceral ischaemia
- Managing Sepsis
- Draining complex intra-abdominal & intra-thoracic abscess
- Colonic stenting
- Nephrostomy to drain infected Pelvicaliceal system

Images are used to guide catheters and instruments to the exact area where the procedure or treatment is to be performed. The benefits of Interventional Radiology include:

- Reduced need for open and keyhole surgery
- Reduced length of stay, risk, morbidity and mortality.

4.2 Why we need to reconfigure radiology now

IR is at the forefront of modern medical practice. Evidence indicates that minimally invasive techniques reduce risk, morbidity and mortality in emergency care and reduce length of stay and complications in elective care. In January 2017, the Royal College of Radiologists published standards for the provision of 24/7 interventional radiology services which GHNHSFT cannot currently meet due to staffing constraints. The July 2017 CQC inspection report included a 'must do' action to ensure the development of a plan to deliver a 24/7 sustainable IR service which these changes will address.

GHNHSFT has operated a limited IR service between 8am and 6pm Monday to Friday for a number of years. Out of hours, there are no established rotas for doctors, nurses or radiographers and cases during these hours rely upon the availability and goodwill of staff and on the occasions when this is not possible, the transfer of patients to other specialist centres or more invasive (open) surgery at GHNHSFT. Recently there has been evidence of increasing delays to IR emergency treatment due to the current unsustainable manner in which staffing is arranged jeopardising the safety of patients. In addition, as new interventional radiologists have joined the Trust it is increasingly clear that the complexity of work now being undertaken at the Trust cannot be sustained safely through ad hoc rota provision. Positively, the development of these services in the county means that patients who would otherwise require care outside of Gloucestershire, or be exposed to more invasive, higher risk surgery can now be managed locally providing the staffing model is addressed.

4.3 Impact on other Radiology services

In order to ensure safe staffing of the IR provision within the county, there is an immediate need to increase staffing resource allocated to the 'out of hours' IR service. Increasing IR provision will result in fewer radiographers being available to support other general radiology services (plain x-ray) as a consequence of the work force challenges already facing the service which means there is no 'spare' capacity in the service to absorb this change. This will require the move of three radiographers out of community provision to the IR rota which in turn will result in a reduction in hours from 252 hours per week (across seven community locations) to 177 hours per week (still across seven locations).

The proposal to establish a formalised 'out of hours' rota for IR, necessitates that IR trained radiographers will need to be pulled from their 'other duties'. This creates gaps in CT and MRI provision, which in turn requires radiographers to be moved from community plain film service, to backfill acute rotas. An adequately staffed interventional rota requires a minimum of 12 trained radiographers (ideally 20). The Trust currently has eight with training for a further four underway.

4.4 Radiographer workforce position

There are recognised national and regional shortages in the training and supply of radiographers and radiologists.

SW regional Radiographers Group has confirmed the following information regarding the general radiographer workforce (includes all hospitals within the SW with the exception of two major Devon hospitals):

- 766.05 WTE posts
- 133.39 WTE vacant
- Vacancies = 17% of workforce

There are also multiple gaps within the private sector which increase the total number of vacancies significantly,

The latest information from educational institutions serving the South west indicate that 112 students are likely to qualify in summer 2019 as below

- University of West of England (UWE) – 49
- Exeter University – 63
- Normal intake for UWE and Exeter is 128 per year. However, there is an attrition rate with students dropping out.

Having tracked the regional picture on workforce for some time, GHNHSFT now has a significantly higher vacancy rate compared to the South West; this reflects both a rising turnover rate and difficulty in recruiting to lower banded vacancies. This year, the department has been operating with 34 vacancies against a full establishment of 143 – a vacancy rate of 24%.

A proactive approach to recruitment in 2017 resulted in a large number of radiographic graduates being recruited. However, in 2018 the department has not been successful in recruiting sufficient newly qualified staff to reach establishment and just 49 students graduating this summer will be sought after by Trusts in Weston, Bristol, Bath and Swindon.

The table below sets out the local position compared to the national picture, for radiographers and radiologists.

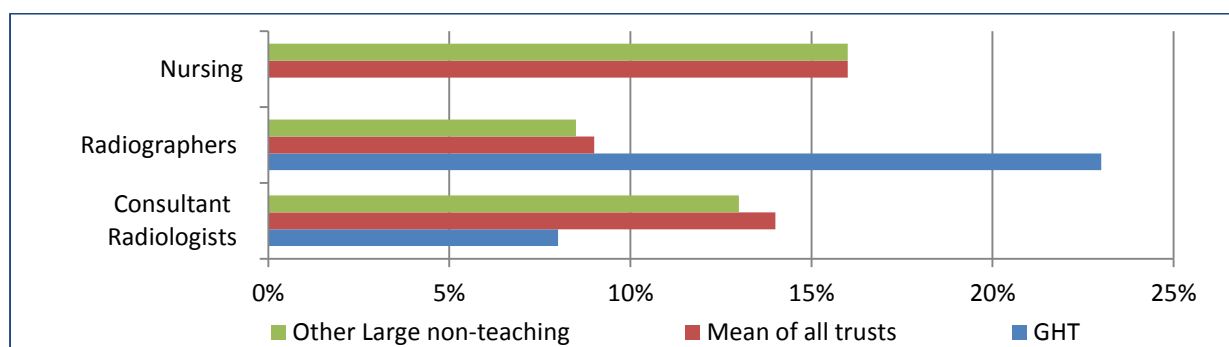


Chart 1 Staffing Vacancies NHS Benchmarking Report 2018

The table below sets out the ad hoc service reductions which have been experienced this year due to staff shortages.

Month	Site	Hours lost
January 2018	Tewkesbury	8
February 2018	Vale	4
March 2018	North Cotswolds	8
April 2018	Tewkesbury	4
	North Cotswolds	4
	Vale	4
May 2018	Tewkesbury	4
June 2018	Tewkesbury	4
	Vale	11
	North Cotswolds	12
July 2018	Tewkesbury	12
August 2018	North Cotswolds	4
September 2018	North Cotswolds	4
October 2018	Tewkesbury	48
	Vale	12
	North Cotswolds	4

Table 1 Ad hoc Cancellations of Radiology Service Hours

5. Proposal: Temporary service change

Organisational partners have now concluded that the current arrangements cannot be sustained. The immediate priority is to establish safe IR services out of hours which meet national standards, while safeguarding community activity as much as possible within the existing constraints. The following steps have now been agreed and will be implemented from 19th November 2018:

- To relocate 3 radiographers onto our acute sites
- 24/7 radiographic IR rota established
- GP Direct access to be maintained across all sites but with service reduction at some community sites will lead to increased activity at remaining community and acute sites.
- Clear pathways in place to manage patients requiring x-ray at sites where provision is affected; these have been designed to limit impact on patients. It is estimated that approximately 130 patients per week from the Vale, North Cotswold and Tewksbury will be required to travel to a neighbouring community site, or acute site of their choice.

These realignments are set out in Tables 1 and 2 below. Working in close partnership with Gloucestershire Care Services NHS Trust and NHS Gloucestershire CCG, the following principles to community service change have been agreed:

- Consistent opening hours to ensure a clear public message
- Longer days to support shift planning and efficient use of scarce workforce
- Every community hospital has some provision – and the schedule is based on ensuring that there is radiology availability for appropriate outpatient clinics already scheduled to ensure continuity of provision in the local communities

Current opening	*Stroud	Vale (X-ray only)	Lydney (X-ray only)	*Dilke	Tewk (X-ray only)	N.Cots (X-ray only)	*Ciren
Mon	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-1pm	9am-6pm
Tue	9am-5pm		9am-5pm		9am-5pm	9am-5pm	9am-6pm
Wed	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-1pm	9am-6pm
Thu	9am-5pm		9am-5pm		9am-5pm	9am-5pm	9am-6pm
Fri	9am-5pm	9am-5pm		9am-5pm	9am-5pm	9am-1pm	9am-6pm
Sat	11am - 2pm						10am - 5pm
Sun/bank holidays	11am - 2pm						10am - 4pm
Total Hours per Week	46	24	32	24	40	28	58

Table 2 Current provision Plain film (x-ray) services

Revised opening	*Stroud	Vale (X-ray only)	Lydney (X-ray only)	*Dilke	Tewk (X-ray only)	N.Cots (X-ray only)	*Ciren
Mon	9am-5pm		9am-5pm	9am-5pm	9am-5pm		9am-6pm
Tue	9am-5pm	9am-5pm		9am-5pm			9am-6pm
Wed	9am-5pm		9am-5pm			9am-5pm	9am-6pm
Thu	9am-5pm			9am-5pm			9am-6pm
Fri	9am-5pm	9am-5pm	9am-5pm				9am-6pm
Sat							10am - 4pm
Sun / bank holidays							10am - 4pm
Total Hours per Week	40	16	24	24	8	8	57

Table 3 Revised provision of Plain film (x-ray) services

* Ultra-sound also provided but provision unaffected by these changes

6. Next steps

Staff have been engaged and to ensure a smooth transition a Standard Operating Procedure (SOP) is in development which will be shared and briefed into clinical colleagues in advance of the temporary change go-live date. The new service arrangements are effective from Monday 19 November 2018. This is a temporary measure while further work is done on exploring a longer term solution to the issues outlined above.

Unfortunately, due to the factors which are largely outside the Trust's control i.e. national shortage of radiographic staff, it is not possible to say at what point services will be restored to former levels. It is proposed the HCSOC is further briefed in three months' time with an update on progress to address the constraints.

6.1 Communicating the temporary changes

Key Stakeholders and Community Partners within Gloucestershire such as: GP Locality Executive, Hospital League of Friends, County and District Council Leaders, Health & Wellbeing Board, Healthwatch Gloucestershire and out of county commissioners and providers have been advised of the temporary change.

A detailed Communications Plan has been drawn up to ensure members of the public have clear information available to them in order to make informed choices about where to access services during this temporary change. This will include information on websites, social media, posters in healthcare settings and articles in the local press & media.

6.2 Actions we are taking to resume service

Organisational partners are developing plans to design a new service model for Community provision as part of wider Diagnostic Work Programme, establishing a safe and sustainable radiology service post the temporary change. We are continuing to attempt to recruit into radiographer vacancies but are also looking at a new model of service which will enable a different skill mix within the IR workforce which is less reliant on qualified radiographers.

Recruitment and retention initiatives already underway include

Recruitment

- Recruitment open days where we invite students and members of the public to visit the department. We organise talks and tour of department with input from radiographers and radiologists.
- Placements for students training in local universities to engage prospective radiographers at an early stage in their careers.
- Continual review of approach to recruitment to ensure adverts, roles and remuneration are attractive and competitive (incorporating feedback from students in 2017 and again this year)
- Return to practice programme in place for radiographers who have been out of the workplace for some time (1 recruited and 2 more in the pipeline)

Retention

- Flexible rotas tailored to individual needs
- We offer access to training across all modalities
- Training opportunities to develop advanced skills e.g. Radiographic reporting, Ultrasound, CT Colon and Cardiac
- For this year we have developed training rotas to stop staff being pulled to cover service gaps
- Career structure which allows staff to progress from band 2, radiographic care assistant to qualified radiographer and on to advanced roles.

Conclusion

Finally, as set out above, it is recognised by the Trust, local strategic partners and other clinical stakeholders that resolving workforce issues in radiology services to enable the delivery of a safe and sustainable service is important and we will continue to discuss and involve stakeholders as part of that journey.

Mark Walkingshaw, Deputy Accountable Officer/Director of Commissioning, NHS Gloucestershire Clinical Commissioning Group

Simon Lanceley, Director of Strategy & Transformation, Gloucestershire Hospitals NHS Foundation Trust

Candace Plouffe, Chief Operating Officer, Gloucestershire Care Service NHS Trust

7 November 2018

Appendix 1: Partner organisation roles as set out in The Joint Working Protocol 2017

<https://www.england.nhs.uk/publication/joint-working-protocol-when-a-hospital-services-or-facility-closes-at-short-notice/>

Commissioning body:

The commissioning body (Clinical Commissioning Group) will take the lead in the following actions:

- Ensure appropriate interim measures are put in place to keep people safe after the identification of concerns or issues.
- Decide on a single commissioning body to lead the process (when multiple commissioning bodies are involved)
- Establish a team with the specialist skills to oversee the closure, including assessment
- and communications staff, and lead on arranging meetings/consultations with all system partners
- Undertake assessments of the people using the service to ascertain their needs and preferences, this should be done by individuals known to the patient or by those brought in for their specialist skills.
- Provide details of alternative providers who could provide services, including any details on the quality of the service and make contact with them
- Maintain ongoing consultative relations with people using the service, their families and other system partners to ensure they are kept informed at each step of the process
- Commission new services and arrange people to move and resettlement, including a review of the placement after a reasonable timeframe
- Identify a lead to coordinate communications

Local Authorities:

Councils will not be involved as commissioners as they do not commission hospital services. However they will have safeguarding responsibilities and may be involved with individuals before, during or after admission through social work services or the assessment for care. They will:

- Assist with ensuring appropriate interim measures are put in place to keep people safe after the identification of concerns if appropriate
- Assist the commissioning body with staffing the specialist team overseeing the closure if appropriate
- Assist the commissioning body and other partners in fully evaluating any proposed moves for people if appropriate

- Assist the commissioning body in the ongoing consultative relations, in particular those with people using the service and their families if appropriate

Provider/Service:

- Assist with ensuring appropriate interim measures are put in place to keep people safe after the identification of concerns.
- Assist the commissioning body with the assessment of and communication with residents and their families to ascertain their needs and preferences
- Assist the commissioning body in the ongoing consultative relations, in particular those with people using the service and their families
- Assist the commissioning body with arrangements helping people to move

Care Quality Commission:

- Provide any information held about the quality of the current service
- Provide any information held about the quality of alternative services being considered, including the model of care used
- Provide any information on other providers likely to be involved in the provision of care to people at the new service
- Consider bringing forward inspection or other evaluative activities for alternative providers where only limited quality information is available (lead role)

Other local Health and Social Care providers currently involved with the service or likely to be involved with future provision to people currently using the service: in this case: Gloucestershire Care Services NHS Trust

- Assist the commissioning body and other partners in fully evaluating any proposed moving of people, including what other providers need to be involved the care of the people moving and the capacity to provide this at the new service



Gloucestershire
Care Services
NHS Trust



Gloucestershire Hospitals
NHS Foundation Trust

Temporary Change to Radiology Service Provision

Simon Lanceley

Director of Strategy & Transformation, GHNHSFT

Candace Plouffe

Chief Operating Officer, GCSNHST

Drivers For Temporary Change

- **Workforce challenges** in local radiography services have now reached a tipping point and the delivery of safe services across the county is at risk
- The service currently has a **24% vacancy rate** in the radiographer staff group
- The complexity and volume of specialist radiology work has reached a point where **the current workforce model is no longer safe or sustainable** and needs to be revised urgently
- To ensure that all services are safe pending an improvement in the supply of radiographers, **the available workforce now needs to be redistributed across the county** which results in a temporary reduction of the workforce available to community x-ray pending an improvement in the supply of radiographic staff.

Introduction: Radiology service overview

Location	X-Ray	CT	MRI	Ultrasound	Interventional Radiology
Cheltenham General Hospital	✓	✓	✓	✓	✓
Gloucestershire Royal Hospital	✓	✓	✓	✓	✓
Cirencester Hospital	✓	✗	✗	✓	✗
Dilke Hospital	✓	✗	✗	✓	✗
Lydney Hospital	✓	✗	✗	✗	✗
North Cotswolds Hospital	✓	✗	✗	✗	✗
Stroud General Hospital	✓	✗	✗	✓	✗
Tewkesbury Hospital	✓	✗	✗	✗	✗
The Vale Hospital	✓	✗	✗	✗	✗

What is Interventional Radiology (IR)?

- Comprises a team of interventional radiologists, radiographers and nurses
- Using radiographic images to guide instruments to deliver life and limb saving procedures, including:
 - Stopping Haemorrhage (e.g. Trauma, bleeding, post-partum haemorrhage)
 - Thoracic Aortic Aneurysm
 - Acute Peripheral and Visceral ischaemia
 - Managing Sepsis
 - Draining complex intra-abdominal & intra-thoracic abscess
 - Colonic stenting
 - Nephrostomy to drain infected Pelvicaliceal system.

The benefits of Interventional Radiology include:

- Reduced length of stay, risk, morbidity and mortality
- Reduced need for open and keyhole surgery.

Challenges

- **Volume and complexity of IR work** no longer sustainable through current rota provision
- Unsustainable **over-reliance on staff goodwill** which now needs to be addressed to avoid ongoing non-compliance with national standards
- 2017 **CQC 'must do' action** to develop a plan to for a 24/7 sustainable IR service
- Evidence of **increasing patient delays** to treatment with associated risks to patient safety – morbidity and mortality and unacceptable risks for staff
- **Unsustainable level of staff vacancies**
 - 34/143 Radiographer gaps - 17% Radiographer vacancy rate in South West, 24% in Gloucestershire
 - Future supply set to worsen not improve due to age profile or community workforce
- Currently only **8 of our 109 Radiographers trained to support IR** (training for a further 4 underway)
- **Ad-hoc cancellations** to community provision – 147 hours lost between January and October 2018
- **Reached a tipping point** in the safe and sustainable provision of IR which must be addressed urgently

Temporary service change

- Need to pull our trained IR Radiographers (x3 people) onto our acute sites to establish a 24/7 IR rota
- Need to move community radiographers to acute CT and MRI services due to loss of above staff from these services
- A reduction in community X-ray provision from 252 hours per week to 177 hours per week (still across all seven locations)
- GP Direct access maintained across all sites, but with material service reduction at three community sites
- Commitment to supplement revised provision whenever opportunities arise e.g. additional bank hours secured
- Pathways in place to manage patients where provision is affected - approximately 130 patients per week.

Principals used to design service change

- Consistent opening hours to ensure a clear public message
- Longer days to support shift planning and efficient use of scarce workforce
- Every community hospital has some provision
- Schedule designed to ensure radiology is availability to support outpatient clinics that require access - to ensure continuity of provision
- Stroud and Cirencester (our 2 larger community units), have more hours.

Emergency service change

Current community provision:

** X-ray & ultrasound*

Day	*Stroud	Vale	Lydney	*Dilke	Tewk	N.Cots	*Ciren
Mon	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-1pm	9am-6pm
Tue	9am-5pm		9am-5pm		9am-5pm	9am-5pm	9am-6pm
Wed	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-5pm	9am-1pm	9am-6pm
Thu	9am-5pm		9am-5pm		9am-5pm	9am-5pm	9am-6pm
Fri	9am-5pm	9am-5pm		9am-5pm	9am-5pm	9am-1pm	9am-6pm
Sat	11am - 2pm						10am - 5pm
Sun/ BH	11am - 2pm						10am - 4pm
Hrs per wk	46	24	32	24	40	28	58

Proposed community provision:

Day	*Stroud	Vale	Lydney	*Dilke	Tewk	N.Cots	*Ciren
Mon	9am-5pm		9am-5pm	9am-5pm	9am-5pm		9am-6pm
Tue	9am-5pm	9am-5pm		9am-5pm			9am-6pm
Wed	9am-5pm		9am-5pm			9am-5pm	9am-6pm
Thu	9am-5pm			9am-5pm			9am-6pm
Fri	9am-5pm	9am-5pm	9am-5pm				9am-6pm
Sat							10am - 4pm
Sun/ BH							10am - 4pm
Hrs per wk	40	16	24	24	8	8	57

** Ultrasound provided unaffected by these changes*

Actions we are taking to resume service

Recruitment:

- **New service model** (particularly for community) to include alternative roles to reduce reliance on qualified radiologists
- **Recruitment open days** - talks and tour of department with input from radiographers and radiologists
- **Placements for students** training in local universities
- Ensure adverts, roles and remuneration are **attractive and competitive**
- **Return to practice programme** - 1 recruited and 2 more in the pipeline

Retention:

- **Flexible rotas** tailored to individual needs
- **Advanced skills training** e.g. Radiographic reporting, Ultrasound, CT Colon and Cardiac
- **Separate training rotas** to stop staff being pulled to cover service gaps
- **Career structure** - band 2 radiographic care assistant to qualified radiographer and on to advanced roles.



Gloucestershire
Care Services
NHS Trust

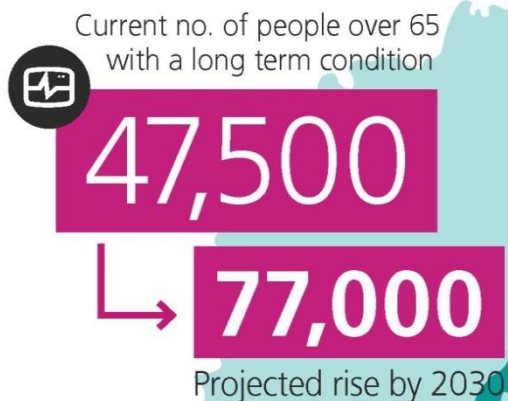
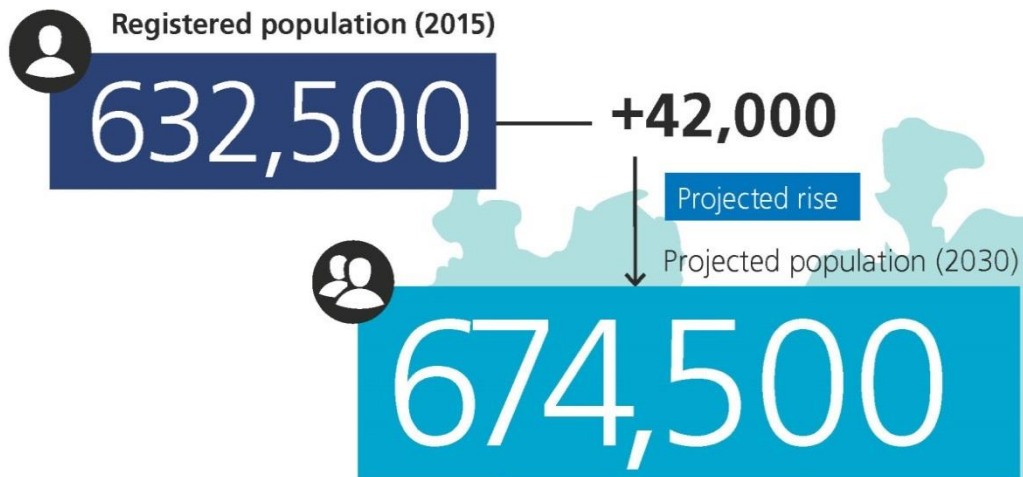


Gloucestershire Hospitals
NHS Foundation Trust

Thank you

Gloucestershire's Integrated Care System

Progress Update to Trust Boards
November 2018



Progress on Delivery Programmes

Enabling Active Communities

The Enabling Active Communities programme is building a sense of personal responsibility and improved independence for health, supporting community capacity and working with the voluntary and community sector. The development of the Gloucestershire Prevention and Shared Care Plan, led by Public Health, aims to reduce the health and wellbeing gap and recognises that more systematic prevention is critical in order to reduce the overall burden of disease in the population and maintain financial sustainability in our system. Update on progress over the last two months:

Supporting Pathways

- There have been a total of 2,700 referrals to the National Diabetes Prevention Programme (NDPP) since August 2017 with an uptake rate of 49%; this is slightly higher than the national average. 3 localities are currently referring to the service with expansion to the remaining 4 localities from January 2019
- The Tier 2 Child weight management service pathway has been developed and is going to the healthy weight steering group in December, with plans to implement improved services in the new year
- The Diploma training schedule for specialist midwives has been updated and confirmed, with the final locally delivered postpartum contraception training session scheduled for the first week in November.

Supporting Places & Communities

- Active Gloucestershire continue to deliver the Gloucestershire Moves Programme, with a successful beat the street initiative running over the summer
- The latest results from the Active Lives survey are now available covering the period of May 2017 - May 2018. The results show that the percentage of people who are inactive is 22.9% in Gloucestershire which is better than the England level (25.2%)

Supporting People

- Since the start of the early identification of domestic abuse, there has been a 206% increase in health referrals to the Gloucestershire Domestic Abuse Support Service with 70% of these not being known to the service beforehand.
- There have been 60 workshops delivered to 1257 primary care health professionals to increase confidence in handling domestic abuse disclosure. The project has now trained 49 Domestic Abuse champions in GP practices across Gloucestershire.
- Patient Activation Measures (PAM) have been adopted as business as usual across a range of services in our county, with a total of 2,364 being completed in the last year. The patient activation measure helps patients and clinicians focus on how a patients can actively manage their health condition themselves.

Supporting Workforce

- A number of new medium to large businesses have been engaged on the Workplace Health and Wellbeing project, developing approaches in our county to improving employee health and wellbeing.
- Better Conversations: the project team are working with the Institute of Employment Studies to further develop the evaluation for the Berkeley Vale cluster site (who are working with staff to develop their skills) Delivery of training in this area continues with the courses being well attended and well received.

Clinical Programme Approach

The Clinical Programme Approach has been adopted across our local health care system to ensure a collaborative approach to systematically redesign the way care is delivered in our system, by reorganising care pathways and delivery systems to deliver right care, in the right place, at the right time.

Progress so far in 18/19....

Respiratory	The Integrated Respiratory Team commenced during September with the Integration lead role being developed to also include responsibilities as operational lead for the Integrated Respiratory service. Team engagement events are being organised to inspire, engage and provide clarity to the team members for how the changes will affect their roles and maximise the opportunities created by integration.
Musculo-skeletal	Providers continue to report that the MSK Specialised Triage is working well, with the new service live across all MSK pathways across the county. An Integrated MSK educational event is planned for November 28th. There is a plan to change the triage service from a Clinical Assessment Service (CAS) to a Referral Assessment Service (RAS) on eRS as this will improve the process for primary care and administration staff.
Circulatory	Plans to implement the Community Stroke Rehabilitation services are progressing well in line with the plan to make the changes in January 2019. The Blood Pressure Award bid to British Heart Foundation successful and will secure £100k over 2 years from April 2019 to support practices to identify and take action to reduce blood pressure.
Cancer	The next programme of GP Masterclasses have commenced from 9th October 2018 with Colorectal as a focus. The Early and Faster Diagnosis Programme is focusing on the actions needed to achieve the national objective of 62% cancers diagnosed at Stage 1 or 2. New pathways have been developed this year to enable patients to progress 'straight to test' for colorectal and lung cancers. Macmillan Next Steps Community based rehabilitation programme for cancer continues to develop, with referrals increasing steadily from secondary care.

Clinical Programmes Continued - Progress so far in 18/19....

Eye Health	The Eye Health programme continues to make progress with rolling out the community eye pathways. Eye Care Liaison Officer (ECLO) capacity is to be expanded, This will increase support to patients who have been diagnosed with deteriorating sight and will be available following attendance at outpatient appointments. It provides advice and support tailored to the needs and experience of the individual and supports transition between health and community services.
Diabetes	Referrals to the diabetes self management programme continue to increase. The new Multi-disciplinary footcare outpatient clinics continue at GRH and CGH with consistent input from Diabetologists, Podiatry, Vascular and Orthopaedic consultants. As expected, we are starting to observe a downwards trend in major amputations.
Learning Disability	Year to date we have delivered increased support for 30 people on the Transforming Care Programme and the Positive Behaviour Support services. Work continues to provide an improved and timely service for the special schools in Gloucestershire for disabled children and young people. Staff training is in place to align closely to the clinical pathways that staff are working on.
Dementia	Current focus is on achieving 6 week referral to treatment times for the Memory Assessment Service and increasing the caseload for the Dementia Advisors from the service. This will ensure people with Dementia receive longer-term support, with a focus on prevention and living well.
Children & Maternity	The Social Care & Youth Support day staff for the Integrated Recovery and Intervention Service (IRIS) are in place. As part of the Prevention - Better Births scheme, a healthy lifestyle programme is being developed and implemented with an expected launch date scheduled for later this year. Young Gloucestershire have been commissioned to facilitate person centred planning and management of the personal budgets for the children and young people which should increase the number of people able to personalise their support.



Focus on Mental Health Clinical Programme

The Mental Health Clinical Programme Group (MH CPG) was reformed in early 2018 under the clinical leadership of Dr Lawrence Fielder (CCG Clinical Lead for Mental Health). The following priority areas have been agreed by the group:

- **Personality Disorders:** Development of a business case for specialist personality disorder service building on the work undertaken in Gloucestershire over the past 4 years and incorporating more recent initiatives (e.g. Kingfisher TreasureSeekers Enablement Pilot, Serenity Integrated Mentoring pilot).
- **Primary Care Mental Health:** Over the past year 2gNHSFT have been working with commissioners to review the Psychiatric Nursing Element of the MH Intermediate Care Team. In parallel 2gNHSFT have been working with a small number of GP practices in Gloucester city to pilot an Advanced Mental Health Practitioner role in Primary Care.
- **Physical Health and Serious Mental Illnesses (SMI):** Requirement for 60% of people on GP SMI registers to have an annual physical health check and appropriate NICE recommended interventions. 2gNHSFT via a CQUIN have been working on improving access to physical health checks for individuals known to their services. We have recently undertaken an audit of GP practices to determine the uptake of physical health checks for all SMI patients. The results of the audit will be discussed at the next MH CPG.
- **Attention Deficit Hyperactivity Disorder (ADHD) Pathways:** In 2018 we introduced an additional element to the existing diagnostic service provided by 2gNHSFT. The intention was to provide additional support to primary care for diagnosed individuals in terms of access to specialist review if required and advice/guidance. Following discussions at the MH CPG a G-Care pathway group was established to review the existing ADHD pathway against the current model.

Mental Health Crisis Care

The Crisis Care Concordat is an multi-agency agreement to improve services for people experiencing a crisis and has the following main components.

The Crisis Care Concordat Action plan has been reviewed through the Mental Health and Wellbeing Partnership Board and the Crisis Care Concordat Steering Group. Proposed Priorities are as follows:



Development of a new Gloucestershire Intensive Recovery and Intervention Service (IRIS) for Children and Young People

The joint initiative with the Clinical Commissioning Group, NHS England and Gloucestershire County Council focusses on a different approach to working with children and young people with mental health issues. It comprises of different strands including residential, independent supported living, Foster Care, Casework team, intensive family and young person support, therapeutic day provision and emergency and crisis responses.

Mental health crisis café (The Cavern)

Kingfisher Treasure Seekers Ltd are a local voluntary and community sector organisation who provide a crisis café for adults in Gloucestershire aged 18+. The Cavern supports people experiencing acute emotional distress associated with a mental health problem (whether diagnosed formally or not). They provide a safe, welcoming and comfortable place for people who feel they are at risk of reaching crisis or need some support in the evenings. The aim of the service is to provide earlier intervention for those at risk of crisis, improve people's coping skills and resilience and prevent the need for admission to an inpatient setting or attending the emergency department.

Crisis Care Concordat Workforce Development

The Mental Health Crisis Care Workforce Development Group was set up to oversee the implementation of the agreed multi-agency multi-professional workforce development strategy (3-5 years) for Gloucestershire that addresses the workforce needs of the Mental Health Crisis Care Concordat to enable earlier intervention and responsive crisis services. Following a successful year two STP bid, £30,000 2018/19 funding has been secured from Health Education England for workforce development. The agreed priority areas being delivered in 18/19 are to police, ambulance, fire & rescue and housing staff alongside a personality disorder awareness training day.

Suicide Prevention

The strategy was developed by the Gloucestershire Suicide Prevention Partnership Forum (GSPPF), with input from partners across the public and voluntary sectors. Its objectives reflect the national suicide prevention strategy and local context to ensure that all action plans are aligned to ensure duplication is minimised and priorities are addressed through the most appropriate route.

Mental Health Acute Response System (MHARS)

The new holistic Crisis model which reflects the partnership working across the County was commissioned in April 2017 in line with new Police guidance and legislation. This provides a single point of access and clear, concise pathway of care.

The Contact Centre has been co-located with the Police at Waterwells where they receive referrals from GPs, Police and Ambulance as well as providing advice to the police. The Urgent Response Team has also been co-located with the Police. Additional helpline support is now being provided by 'Mental Health Matters'.

In addition, a Street Triage Pilot was launched in June 2017 with a mental health clinician attending incidents with police officers. The service has been extended to 4 days from 2pm to midnight. This pilot has seen a significant reduction in the number of Section 136 detentions.

The Mental Health Liaison Team provide support to Gloucestershire Hospitals NHS Foundation Trust through emergency departments in addition to liaison with the Older People's Service; Change, Grow, Live (alcohol) and Community Hospitals.

Place of Safety (PoS)

Following the changes brought in by the Police & Crime Act 2018, the waiting room in the Maxwell Suite had subsequently been identified as a Place of Safety if required. In addition the Police have agreed to remain as a chaperone throughout the process if a child is being detained. Since the introduction of the changes we have had no occurrences whereby a child or young person was unable to access a Place of Safety or any breaches of the revised 24 hour detention period. We are therefore currently confident that we have sufficient capacity within our Place of Safety to meet demand for Children & Young People/Adults.

Approved Mental Health Professional (AMHPS)

Gloucestershire County Council has a statutory duty to ensure that there are sufficient numbers of competent AMHPs available 24 hours a day to consider requests for assessments under the mental health Act 1983/2007. An extended hours (9AM-11pm) Hub and Spoke AMHP model was introduced in July 2018 and it is the intention of the Council to commission a standalone 24/7 AMHP service (currently 11pm-9am is provided by Glos EDT).

Self Harm

A review of the self-harm pathway was undertaken and key recommendations included:

- Improve what happens when people who are self-harming or in extreme emotional distress present themselves to ED
- Strengthen prevention
- Make it easier for children and young people to get help
- Join up the services that we already have
- Specific needs, e.g. personality disorder, children and young people with physical health conditions

A multi-agency plan has been developed and is currently being implemented.

Reducing Clinical Variation

The Reducing Clinical Variation programme looks at key issues of unwarranted clinical variation and aims to have a new joined up conversation with the public around some of the harder priority decisions we will need to make. This includes building on the variation approach with primary care, promoting 'Choosing Wisely' and Medicines Optimisation and undertaking a diagnostics review.

What we've achieved so far:

- Advice and Guidance (A&G) services, where GPs can get advice and support from specialist services without referring a patient, continues to increase month on month with a total of 6792 requested made in the first six months of 2018/19, significantly above the year to date target level of 4589. The service rollout continues as planned with 16 specialties now live and two further due to go live in the coming months.
- Work continues to progress the approach to referral management in the key target specialties of Dermatology, ENT, Gynaecology, and Urology
- G-care site (a website containing information for GPs and other healthcare professionals) views have increased by 7.3% since April, and a range of new content has been published. G-care search function has been redesigned to improve usability and this is currently being tested before changes are made to the live version.
- The social media videos for the Did Not Attend campaign are currently being developed and are expected to be finalised within the next few weeks, with the aim of launching the campaign in November to reduce the number of wasted appointments.
- The 2018/19 Savings Plan supports a saving opportunity of £5m across a range of treatments. The Prescribing Improvement Plan (PIP) continues within practices.
- Use of Prescription Ordering Line (POL) to manage continence and stoma prescription requests is developing. Practices have expressed interest in making use of this service for these prescription groups. Staffing is being increased to ensure capacity to manage the planned increase in demand and the extra staffing will be fully in place by the end of November 2018

One Place, One Budget, One System

New Models of Care & Place Based Model

The One Place, One Budget, One System programme takes a place based approach to resources and ensures we deliver best value. Our community care redesign will ensure responsive community based care is delivered through a transformative system approach to health and social care.

The intention is to enable people in Gloucestershire to be more self-supporting and less dependent on health and social care services, living in healthy communities, benefitting from strong networks of community support and being able to access high quality care when needed. New locality led 'Models of Care' pilots commenced in 2016/17 to 'test and learn' from their implementation and outcomes, working across organisational boundaries, and leading to the formation of 16 locality clusters across the county.

What we've achieved so far:

- Developed a model of primary care networks, localities and integrated locality boards for all GP practices in our county
- 60 staff across Berkeley Vale have attended a 2 day Health Coaching training "Better Conversations" to support MDT way of working. Attendees included GPs, Practice Nursing, 2g staff and all staff in the ICT.
- 4 Practices from Stroud Central and Berkeley Vale completed the Releasing Time for Care programme, focusing on care navigation & clinical correspondence.
- Design of a frailty model for the Forest which will be based on the Complex Care at Home Model is completed.
- Literature/promotional tools being finalised for use on the information bus, including a 'frailty wheel' that gives guidance on improving health and wellbeing and a survey to capture public's current understanding of frailty.
- My Goals and Me At My Best care plans have been templated for System 1 and EMIS

Urgent Care

Our vision for Urgent Care will deliver the right care for patients, when they need it. In order to make this vision a reality and provide safe and sustainable services in to the future, we need to consider how to make best use our resources, facilities and beds in hospitals and in the community.

We want to improve arrangements for patients to access timely and senior clinical decision making about their treatment and ensure specialist support is accessed as soon as possible. We propose potentially changing the way some care and support is organised in Gloucestershire to meet changing demands, make best use of our staff, their skills and the money we have. These proposals will be brought for public consultation next year.

The scope, co-production approach, governance and timeline for this programme will be finalised shortly. In the meantime it is proposed that, in addition to the Trauma & Orthopaedic and Gastroenterology pilots already agreed it is proposed that we develop a further General Surgery pilot to enable our system to be resilient for Winter 2019/20.

Alongside this programme we will progress the commissioning of a new NHS 111, Clinical Advice and Assessment Service. This will be informed by learning from the current 'test and learn' initiatives and ensuring the critical links with other parts of the urgent care system are maintained. An Urgent Treatment Centre test and learn project has been running this year to ensure we are achieving compliance with the NHS England national standards for Urgent Treatment Centres and agreeing priorities for implementation before Winter 2018/19.

Enabling Programmes

Our vision is underpinned by our enabling programmes which are working to ensure that the system has the right capacity and capability to deliver on the clinical priorities.

Joint IT Strategy – Local Digital Roadmap Governance has been established and will be managed by the Countywide IM&T Group with Project Boards and work streams established for the key IM&T Enablers. 75 out of the 76 GP practices are all live on the wifi project. Patient Online has been rolled out to 96% of Gloucestershire practices, and currently Gloucestershire has 22% of patients with an online account. eConsultation procurements are complete for a patient triage application which will begin in 5 pilot practices. Joining Up Your Information go-live has been successfully achieved for first set of users at 2g (30/08/2018) with go-live support activities underway. New version 4.0 Gloucestershire Information Sharing Partnership Agreement (GISPA) is now available and published to website

Joint Workforce Strategy – the Workforce and Organisational development Strategy has been refined and updated; the strategy focuses on three themes: capacity, capability and culture. Developing 7 day working across urgent care services is a priority for the coming year. Planning to develop a shared recruitment function across ICS organisations and expanding the Trainee Nursing Associate programme are also central priorities. Continuing to improve workforce planning and development across the system will be increasingly important to system-wide working. Bids for Health Education England discretionary funding have been approved with a total of £322k being allocated. A further allocation of £252k has also been made to support the Community Education Provider Network working with primary and community care. The bid to expand the current ICS-wide “5 elements for successful leadership” programme was submitted to South West Leadership Academy for the £100,000 leadership development funding. This has now been approved and will support 2 further cohorts of development.

Enabling Programmes

Our vision is underpinned by our enabling programmes which are working to ensure that the system has the right capacity and capability to deliver on the clinical priorities.

Joint Estates Strategy – the estates strategy is moving forwards with a number of strands of work. Significant progress in the Primary Care Infrastructure Plan with a further 4 schemes are planned to deliver in full. The re-provision of community hospital services in the Forest of Dean will remain a priority following public consultation in 2017/18. Initial meetings have been held with Lydney and Severnbank Practices to set out way forward for potential development of a new primary and community facility aligned to wider Forest of Dean Community Infrastructure Programme Agreement at ICS health estates group that organisational Estates Strategies to be updated and subsequent ICS strategy to be completed for March 2019 with 2031 as the planning timeline;

Primary Care Strategy – the Primary Care Strategy works alongside One Place, One Budget, One System to ensure we have really high quality primary care provision. Improved access has been successfully rolled out across all seven localities within Gloucestershire and in addition to improved access, clusters have been able to utilise funding to support additional workforce innovations across the ICS. All seven localities now have the benefit of additional hours and appointments; over 42,400 additional appointments have been offered so far in 2018/19. The CCG, in partnership with the Community Education Providers Network, has agreed to develop a Health Inequalities Tutor who will support roles which have been persistently difficult to recruit to in order that staff are supported and successful; this post has been appointed. The scheme will start in January 2019 to match with GP colleagues requirements and three of the four spaces on the scheme have been filled. Currently, a two-tiered approach for online consultations to test the benefits for patients and practices, is being looked into, whilst also focusing on future developments with 111 online and the NHS App.

Integrated Care System Development

A national announcement was made by NHS England in June 2018 to confirm that Gloucestershire is to become one of only 14 Integrated Care Systems (ICS) across the country; we will be one of 4 new systems to join the other 10 systems who have been working in this way during 2017/18.

Our System Development programme is focussed on developing the ways we work together as Health and Social Care organisations to support our shared system transformation objectives. This includes working on our shared Governance approaches for decision making, considering how we further pool our budgets and resources, and how we share responsibility for achieving key system targets. A national Memorandum of Understanding (MOU) between ICS systems and NHS England has been developed and will be publicly available once finalised. This describes how ICS' will develop their relationship with NHS England in the future to take on more delegated local responsibility for delivery.

Being a new ICS includes receiving a range of development support offers. There was an excellent visit to the system by Don Berwick, President of the Institute for Healthcare Improvement (USA) and Sir Professor Chris Ham, Chief Executive of the King's Fund on the 29th October 2018. The visit included a workshop on supporting the continuous quality improvement approach and it was a chance to celebrate some of the great progress being made, and involve staff and stakeholders from across the system. Alongside this we are currently engaging in support for the Gloucestershire Strategic Forum to undertake a review of system-level priorities which will be the first steps towards developing a refreshed 5 year plan for One Gloucestershire in line with the national timeline of Summer 2019.

Trust Board

Date of Meeting: 28th November 2018

Report Title: Quality and Performance Committee Report

Agenda reference Number:	
Accountable Executive Director: (AED)	Susan Field, Director of Nursing
Presenter: (if not AED)	Nicola Strother Smith, Non-Executive Director
Author(s):	Susan Field, Director of Nursing
Board action required:	To Note and Receive
Previously considered by:	Quality and Performance Committee – 1 st November 2018
Appendices:	Appendix 1 - Approved Minutes of the Quality and Performance Committee 29 th August 2018 Appendix 2 – Clinical Strategy -12 Commitments

Executive Summary

This report provides assurance to the Trust Board that the Quality and Performance Committee continues to discharge its responsibility for overseeing quality and performance activities on behalf of the Trust Board.

The report also confirms decisions made by the Committee at its meeting on 1st November 2018, which were in line with the Trust's Scheme of Delegation and; highlights a number of key discussion points that require attention of the Board. Of particular note:

- The review and its outcomes undertaken against the Trusts Clinical Strategy (2016-19) achievements.

- The gap analysis that has been undertaken by Trust colleagues against the recently published National recommendations for preventing and treating pressure ulcers.
- Completing a nationally led request for Trusts to self-assess themselves against Learning Disability Standards.
- The Trusts overall Quality and Performance activities remain good.
- The draft Surge and Escalation Plan 2018

Recommendations:

The Trust Board is asked to:

1. **Note** the contents of the Quality and Performance Committee Report.
2. **Receive** the approved minutes of the Quality and Performance Committee that took place on 29th August 2018.

Related Trust Objectives:	1, 2, 3
Risk Implications:	Risk issues are clearly identified within the report
Quality and Equality Impact Assessment: (QEIA)	Implications are clearly referenced in the report
Financial Implications:	No finance implications identified
Legal/Regulatory Implications:	Legal/Regulatory implications are clearly referenced in the report

Quality and Performance Committee Update

1 INTRODUCTION AND PURPOSE

This report confirms:

- Decisions made at the Trusts Quality and Performance Committee meeting held on 1st November 2018.
- Key issues, risks and achievements being overseen by the Committee in order to provide assurance that the Trust continues to deliver high quality safe care and good patient experience.

2 DECISIONS MADE BY THE COMMITTEE IN LINE WITH SCHEME OF DELEGATION

2.1 Quality Dashboards

The Committee received a progress report about the development of the highly visual quality dashboards that will be located within all the inpatient units and Minor Injury and Illness Units (MIIUs). The Committee **supported** the production of these and requested that they be used by no later than January 2019.

2.2 Mortality Report

The Committee discussed the Trusts six months mortality date (April – Oct 2018) and made the following recommendations:

- That the report be formatted to an acceptable standard in readiness for wider publication.
- That further claims within the data be provided with regards to unexpected and expected deaths.
- That there be less use of graphs and that the number of deaths per 1,000 bed days be utilised within the report.
- That there be a section within the report that includes future developmental work that was progressing with the Trust's Mortality Review Group and Gloucestershire's medical examiners.

The Committee **agreed** to defer the publication of this report until January 2019.

2.3 Controlled Drugs Annual Report

The Committee received this annual report, which is a statutory obligation for the Trust to:

- Provide assurance of the safe and secure handling of controlled drugs within the Trust for the period of April 2017 – March 2018.

- Describe the activities undertaken by the Trusts Accountable Officers for Controlled Drugs. This function “sits” with the Trust’s Head of Medicines Optimisation under the leadership of the Director of Nursing. After discussing the report the Committee was **assured** that the Trusts obligations were being fully met and **supported** the publication of the report.

3 ISSUES ESCALATED TO BOARD

The Committee **discussed** a range of matters and from this specifically highlight the following issues to the Board:

3.1 Safeguarding and School Nursing Services

The Trusts school nursing service is experiencing capacity issues due to a high level of staff turnover and a reduction in funding over the past 18 months. This is having an impact on:

- Colleague health and well-being generally
- Having the ability to attend safeguarding strategy discussions linked to children’s safeguarding procedures.
- The Trusts legal and health records services – information requests associated with protecting children procedures.
- Professional and organisational reputation.
- Workloads of the Trusts specialist nursing safeguarding team.

This risk is rated as 15 on the corporate risk register. There are discussions between Trust colleagues with Gloucestershire County Council (GCC) (Children and Young Persons Service (CYPS) commissioners) to reduce this risk. Actions include:

- Submitting a business case for additional capacity to GCC with detailed activity data including information about the significant increase of safeguarding children activities for Trust teams (and wider Gloucestershire) over the past 15 months.
- Rapidly reviewing other local authority areas i.e. reviewing whether alternatives being implemented release capacity, but not compromise children’s safety.
- Securing GCC funding for a 12 month fixed term contract for additional safeguarding specialist function to work with and support public health nursing.
- Continue to recruit to school nurse roles.

It is anticipated that this risk will remain high for a number of months and the Committee **agreed** to monitor developments and; to continue to seek assurances that any mitigations being progressed were having an impact.

3.2 Learning Disability Standards

The Committee received and discussed a quality assurance report that related to the Trusts Learning Disabilities (LD) activities. This included:

- The Trusts response to the recently developed benchmarking tool that includes a self-assessment process against the national LD standards. Although this was targeted at those Trusts who provide specialist LD services GCS has responded and “dovetailed” with the 2gether Trust. The data collection period is between 17th September and 20th November 2018.
- The Committee also **noted** that the Trust has registered its LD lead with NHS Improvement as part of this self-assessment process.
- The Committee also **noted** that the Trust has become one of only 20 Trusts who has been awarded funding for an NHS Learning Disabilities Apprenticeship placement.

3.3 Preventing Pressure Ulcers Quality Improvement Activities

The Committee **received** a quality assurance report about the Trusts activities that had progressed during Qtr. 2. This included:

- Being successful in becoming part of the NHS Improvement pressure ulcer collaborative, which is aimed at delivering an improved experience for vulnerable patients across clinical and community settings whilst also seeking to measure, monitor and reduce the costs of care.
- Undertaking a gap analysis against the 28 national recommendation published by NHS Improvement (June 2018), of these recommendations the Trust has deemed itself 17 recommendations rated green; 4 rated amber and considered to be manageable to change; 7 rated red (5 of which have a date for action and 2 are a longer term concern).
- The Pressure Ulcer Quality Improvement group will continue to oversee the implementation of our plans and will ensure they align to the collaborative work with NHS Improvement.

3.4 Clinical Strategy (2016-19) Review

The Committee discussed the outcomes of the clinical strategy review undertaken by members of the Trusts Clinical Reference Group. This review was based on achievements against the 12 Commitments made in 2016 (Appendix 2). The Committee **Noted** that there had been some strong achievements made, particularly with regards to the significant increase in the Trusts Research and Development activities. The Committee also **supported** the proposed next steps approach, which will include liaising with 2gether colleagues to ensure that a new joint clinical strategy is reflective of the transformational activities planned for the merged organisation summer 2019.

3.5 Surge and Escalation Plan 2018-19

The Committee **Noted** that both regulators NHS Improvement and NHS England have outlined key planning and assurance milestones for the forthcoming winter period and; have published guidance with regards to Surge and Escalation plans. The Trust continues to be an active health partner to ensure One Gloucestershire’s approach to this guidance is effective, united, consistent and

deliverable. The Committee **Noted** the contents of the Trusts draft Surge and Escalation Plan (2018-19)

4 CONCLUSION AND RECOMMENDATIONS

The Trust continues to maintain its standards of delivering high quality care and continues to effectively manage any risks as they emerge.

The Trust Board is asked to:

1. **Note** the contents of the Quality and Performance Committee Report.
2. **Receive** the approved minutes of the Quality and Performance Committee held on the 29th August 2018.

ABBREVIATIONS USED IN THE REPORT

MIIUs – Minor Injury and Illness Unit

GCC – Gloucestershire Clinical Commissioning Group

CYPS – Children and Young Persons Service

LD – Learning Disability

Quality and Performance Committee

Date: 29th August 2018

Meeting on 29th August 2018, 10.00am, Boardroom, Edward Jenner Court, Brockworth, GL3 4AW

Committee Members	
Nicola Strother Smith	Acting Chair
Susan Field	Director of Nursing
Candace Plouffe	Chief Operating Officer
Jan Marriott	Non-Executive Director
Graham Russell	Non-Executive Director
Neil Savage	Joint Director of HR / Organisational Development
In attendance	
Ian Main	Head of Clinical Governance
Gillian Steels	Trust Secretary
Sonia Pearcey	Freedom to Speak Up Guardian/Ambassador for Cultural Change
Oonagh Wilson	Clinical Quality and Assurance Manager (for agenda item 9)
Marion Johnson	Community Infection Control Nurse (for agenda item 11)
Christine Thomas	Minute taker
Ref	Minute
01/0818	<p>Welcome, Apologies for Absence and Confirmation the Meeting is Quorate</p> <p>The Acting Chair, Nicola Strother Smith, welcomed colleagues.</p> <p>Apologies were received from the Quality and Performance Committee Chair, Director of Finance, Medical Director, Deputy Director of Nursing and Quality Manager for Gloucestershire Clinical Commissioning Group.</p> <p>The Chair confirmed that the meeting was quorate.</p>
02/0818	<p>Declarations of Interest</p> <p>In accordance with the Trust's Standing Orders, members were required to declare any conflicts of interest with items on the Meeting Agenda.</p> <p>No declarations of interest were made.</p>
03/0818	<p>Minutes of the previous meeting 28th June 2018</p> <p>The minutes of the 28th June 2018 were Received. Subject to minor changes on agenda items 7, 8 and 10 the minutes were Approved as an accurate record.</p>

04/0818	<p>Matters Arising Action Log</p> <p>The Committee NOTED those items that were on track or completed and updates were received on open actions.</p> <p>Delayed Audits – it was agreed that this should be classified as amber and an update provided at the next meeting.</p>
05/0818	<p>Corporate Risk Register</p> <p>The Trust Secretary (TS) presented the corporate risk register.</p> <p>Risk 562 – Pressure Ulcers – work on this risk was ongoing.</p> <p>Risk 798 – GCC Property Rental issues – which was previously rated at 16 has reduced to 12</p> <p>Risk 828 – School Nursing – the Chief Operating Officer (COO) and Director of Nursing (DoN) confirmed that a business case for additional public health nursing capacity had been submitted to Gloucestershire County Council (GCC). A Quality Equality Impact Assessment (QEIA) on this risk had also been reviewed by the Trust Clinical Reference Group. An update would come in the COOs next Operational Service Exception Report. Jan Marriott, Non-Executive Director, queried why School Nursing colleagues were leaving, and was advised this was for a number of reasons; including natural turnover, safeguarding pressures and changes following the remodelling due to GCC reductions in funding. It was confirmed that the banding had been checked as part of the remodelling process. The Director of HR and OD advised that it would be possible to include school nursing within the ongoing NHSI recruitment and retention project. It was agreed this would be discussed further at the Workforce Committee. It was recognised that some nurses had left for other roles within the Trust.</p> <p>Risk 860 - DentalSOEL Health recording risk – this was being overseen by the Head of IT and Systems Management.</p> <p>It was queried why the Mental Capacity Act (MCA) risk rating had been increased. The DoN advised this was due to MCAs not being completed. It was noted this was a national issue which was reviewed by the Care Quality Commission (CQC). It was agreed that the proposed merger with 2gether NHS Foundation Trust should support improvement in this area.</p> <p>The Chair expressed concern that when items moved under the score of 12 that the Committee no longer retained sight of these. The TS reassured the Committee that these were still reviewed by the Risk Steering Committee, and that any risk proposed for closure would be assessed by the Risk Steering Group first.</p> <p>The Committee NOTED the Corporate Risk Register.</p>
06/0818	<p>Operational Services Exception Report</p> <p>The Chief Operating Officer (COO) presented the Operational Services report, noting that the Trust had achieved its bed occupancy performance (92%) and average length of stay during July. It was noted that timely access to some services remained a challenge</p>

<p>06.1/0818 - Chief Operating Officer</p>	<p>although work on this was ongoing. There had been a reduction in the Occupational Therapy Service resource, in line with funding changes, but not a reduction in the demand for the service. This matter was to be discussed with Commissioners</p> <p>Updates from other services included:</p> <ul style="list-style-type: none"> • The new Complex Care at Home service for Cheltenham and Gloucester localities was progressing well – this development was welcomed by the Committee. • The new integrated respiratory service with Gloucestershire Hospitals Foundation Trust (GHFT) was due to commence. • The first draft of the winter escalation plans had been submitted to Gloucestershire Clinical Commissioning Group (GCCG) – this would come to the next meeting of the Committee. • The Your Bed is Best scheme was now being launched across the County, which would incorporate the use of specialist services such as the new specialist stroke unit. • There was funding available in the Forest of Dean (approximately £400k), which was expected to be utilised for a Complex Care at Home service. <p>The Director of Nursing asked how the e-referral system was progressing and the COO advised that this was progressing slowly. Training had recently been undertaken, although it was noted the community hospitals were still experiencing “batching” at the end of the day.</p> <p>Graham Russell, Non-Executive Director, noted the bed occupancy figure was green, and the implications of this were considered, both for the Trust and the system. The Committee debated whether there were measures that would provide better quality indicators. The Head of Clinical Governance also advised that the figure had originally come from an infection control perspective and was seen as the optimum level to minimise infections outbreaks. It was agreed that the COO and DoN would look at how occupancy levels could be better reflected in future Quality and Performance reports. It was noted that it had been agreed with the acute hospitals that they would supply a list of patients to be transferred to GCS the day before to improve planning.</p> <p>It was queried whether the Trust was learning from Exit Interview Feedback and the Committee was advised that the Freedom to Speak Up Guardian/Ambassador for Cultural Change was working in this area.</p> <p>The Committee NOTED the Operational Services report</p>
<p>07/0818</p>	<p>Quality and Performance Report (July 2018 data)</p> <p>The Committee reviewed the Quality and Performance report for July and noted generally positive performance, while recognising some issues continued to be progressed.</p> <p>Key areas highlighted were:</p> <ul style="list-style-type: none"> • Personal Development Reviews (PDRs), achieving 90% plus remained an issue for the Trust. This was also reflected as a risk against the Care Quality Commissioning (CQC) Quality Improvement Plan. • There had been a rise in grade 1 & 2 pressure ulcers, which was positive as this meant that assessments and earlier diagnosis were in place. • Harm free falls were an improving picture – it was confirmed there was a positive culture about reporting.

<p>Head of Clinical Governance</p>	<ul style="list-style-type: none"> • Friends and Family Test (FFT), there had been a slight decline, this was being reviewed, it was noted there were some capacity issues within the team. • Safety Thermometer – the improving trajectory was noted. It was noted that work was ongoing with operational teams to ensure data validation processes. <p>The Chair expressed concern over the PDR position and mandatory training results. It was questioned whether there was any correlation between areas where managers did not undertake regular 1 to 1s and PDR results. The Director of HR & OD noted the introduction of the contractual requirement for appraisals prior to increment progression from 1st April 2019. The revalidation processes for nurses were noted.</p> <p>It was noted that Minor Injury and Illness Unit waiting time was slightly up, but still within national wait time parameters.</p> <p>Graham Russell, Non-Executive Director, noted that the safety thermometer performance was very near target – 94.9 against 95% and queried whether it should be showing as red. It was noted this was a matter for the Committee, although it was recognised that 95% was a national target. The Head of Clinical Governance (HoCG) noted that work was being undertaken to review the processes for gathering of the Safety Thermometer data. Work recently completed had shown that to gather the Safety Thermometer information it took front line staff about 150 hours and then 100 hours of manager's time to verify. Exploration was underway as to whether this information could be gathered by using READ codes. The HoCG also flagged that there were national plans for realignment of Safety Thermometer reporting, and that the aim would be to align the planned revisions to the GCS processes with the national changes. The Chair requested a progress report to the December Committee, recognising Committee concerns about the current impact on Operational Services time.</p> <p>The Committee NOTED the Quality and Performance Report.</p>
<p>08/0818</p>	<p>Compliments, Complaints and Concerns Qtr.1</p> <p>The Head of Clinical Governance (HoCG) presented the Compliments, Complaints and Concerns report.</p> <p>There had been 12 complaints in Qtr. 1, 8 had been investigated within the timeframes agreed. The remaining 4 had, had extensions, all of which had been agreed with the complainant.</p> <p>There had been a rise in the number of concerns. These were reviewed in the same way as complaints and the concern will be treated as a complaint if it was felt to be appropriate. Three Duty of Candour cases had been raised following the review of concerns.</p> <p>There had been no Parliamentary Health Service Ombudsman (PHSO) referrals in the Qtr.1 period.</p> <p>Graham Russell, Non-Executive Director, asked how the Trust took forward learning from complaints, concerns and compliments, and the Director of Nursing (DoN) advised that this was undertaken with operational colleagues. The HoCG advised that the Clinical Quality and Assurance Manager (CQaAM) shared the learning and actions taken with the Operational Governance Forum (OGF) and other relevant operational meetings. A monthly report was also provided to the Chief Executive Officer (CEO). It was noted the</p>

	<p>Freedom to Speak Up Guardian also received the Tracker which covered incidents, complaints and concerns. The need to incorporate learning into ongoing staff training was recognised. It was noted that issues around communication were a key theme.</p> <p>The Non-Executive Directors would also, on a rotational basis, be auditing a random selection of complaints each quarter to ensure they were assured that the complaints process, investigation and responses were effective. This had been recently undertaken by Jan Marriott who had confirmed she was assured by the process and had commented that the quality of response letters to the complainant was high, with detailed responses being provided.</p> <p>The Committee Noted the Compliments, Complaints and Concern reports and the assurance from the Non-Executive Audit.</p>
<p>09/0818</p> <p>Head of Clinical Governance</p>	<p>Non-Executive Directors (NED) Quality Visits</p> <p>There had been three quality visits during Qtr.1. A new reporting format had been developed and the Clinical Quality and Assurance Manager (CQaAM) requested feedback about this and future reports.</p> <p>The Chair commented that the visits were a really important element of the Non-Executive Director triangulation processes, and stressed the need to ensure there was follow up back to the NEDs about the outcomes of any concerns raised during their visits. It was agreed that the visits should not be seen as an inspection, and there was concern that the proposed revised form suggested this. It was suggested that the review of the process for NED visits should also include consideration of the process used by NEDs at the 2gether Trust. It was agreed that the CQaAM would explore this further. In the meantime the new reporting format would be put on hold, but Quality Visits would continue. It was agreed that thematic reporting would help ensure learning.</p> <p>The Committee Noted the outcomes of the Quality Visit report and the agreed steps to consider further revisions.</p>
<p>10/0818</p>	<p>Care Quality Commission (CQC) Quality Improvement Plan</p> <p>The Head of Clinical Governance (HoCG) presented an update about the Care Quality Commission (CQC) Quality Improvement Plan. This confirmed that “Must do” actions were being progressed with colleagues.</p> <p>The HoCG advised that Price Waterhouse Cooper (PWC), the Trust’s internal auditors were planning to undertake an audit on the Trust’s Care Quality Commission (CQC) “must do” and well-led domain actions. Terms of reference had been agreed for this audit.</p> <p>The Committee Noted the Care Quality Commission QIP and progress made and risks to date against the milestones within the plan.</p>
<p>11/0818</p>	<p>C.Difficile Update</p> <p>The Community Infection Control Nurse (CICN) presented the Committee with an update about concerns raised at the last Committee meeting on the number of C.Difficile cases reported. The CICN advised that the action plan was closely aligned with both the Gloucestershire Hospitals Foundation Trust (GHFT) and the Countywide plan, especially</p>

<p>Director of Nursing</p>	<p>as it had been noted that a high proportion of the Trust's cases had come from GHFT.</p> <p>The CICN advised that all reported cases were thoroughly investigated and shared with all community hospital Sisters. It was noted in the cases to date no common links had been identified. One case had been found to be potentially avoidable.</p> <p>Further work being undertaken was centred on ensuring that the results of hand hygiene audits were correct and setting up extra training sessions in the community hospitals. Mattress and commode audits were also being undertaken on a monthly basis.</p> <p>The CICN also raised concerns that there were potentially some issues associated with anti-microbial stewardship and antibiotic prescribing as this is known to increase the risk of contracting C.Difficile. It was noted that there continued to be issues around availability of tamoxifen and that alternatives needed to be considered, particularly by the Trust's Rapid Response service (Co-amoxiclav). The Director of Nursing (DoN) agreed to review this with the Trust's Head of Medicines Optimisation.</p> <p>The Committee Noted the C.Difficile update.</p>
<p>12/0818</p> <p>Director of Nursing</p>	<p>Medicines Optimisation Report (including e-prescribing update)</p> <p>The Director of Nursing (DoN) presented the Medicines Optimisation Report. Key highlights were:</p> <ul style="list-style-type: none"> • A new tendering process had commenced for a new pharmacy provider. This process had included operational colleagues. • Due to a national shortage of diamorphine a campaign to switch to morphine for end of life patients had been undertaken from June 2018 and had progressed well. • The Head of Medicines Optimisation (HoMO) was leading on working with Community Hospital colleagues following on from the findings of the Gosport Inquiry. • The action plan from the Price Waterhouse Cooper (PWC) e-prescribing audit had been completed. <p>The Chair expressed concern that the medicines management team consisted of only two colleagues and asked what risk this posed. It was recognised that the risk would be if the HoMO went off for a period time, but that the pharmacy contractor could be used for advice.</p> <p>The Chair asked for an update on the Just in Case Boxes, which had been "tested" in the Forest of Dean. The Director of Nursing (DoN) advised that this was a commissioning matter and advised she would ask for an update for the next meeting.</p> <p>The DoN noted and welcomed recent developments with TPP, who provided the Trust with SystemOne. It was noted that TPP colleagues would be visiting Trust sites to assess and address the issues identified by the e-prescribing audit.</p> <p>The Committee Noted the Medicines Optimisation Report.</p>
<p>13/0818</p>	<p>Categorising Patient Transfers from GHFT (End of Life/Rehabilitation)</p> <p>The Director of Nursing (DoN) presented a verbal update on behalf of the Medical Director (MD).</p>

<p>Medical Director</p>	<p>Following previous discussion at the Committee the MD had sent the clinical records of six patients to Dr Munroe at Gloucestershire Hospitals Foundation Trust (GHFT), these patients had been transferred from GHFT to the community hospitals as rehabilitation patients who had subsequently been found to be end of life. Dr Munroe had reviewed these cases and confirmed that the referrals were appropriate, but acknowledged that better communication with patients and their family was needed. It was noted that communications between nursing colleagues could be improved. It had been suggested by GHFT that the Single Point of Clinical Access (SPCA) did not allow the transfer of end of life patients, but the Trust had found no evidence of this.</p> <p>It was agreed that the MD would request a formal report from Dr Munroe to come the next Committee meeting.</p> <p>The Committee Noted the verbal update.</p>
<p>14/0818</p>	<p>Gosport Inquiry Report – Gap Analysis</p> <p>The Director of Nursing (DoN) presented this report, which had been requested for assurance by the Committee, following consideration of the Gosport Inquiry publication. The outcome of the analysis was the risk of this occurring in the Trust's community hospitals was categorised as low.</p> <p>It was recognised however, that there was a (quality assurance) gap with regards deaths in the community, which were not reviewed. It was acknowledged this was difficult to do but that community nurses were keen to undertake this work. There were two Medical Examiners who were interested in being part of this work, which the Trust planned to progress via its Mortality Review Group.</p> <p>The Chair asked if it was felt that colleagues would have confidence to go through the Freedom to Speak Up route. The Freedom to Speak Up Guardian confirmed that she considered that they would, and advised that nurses were one of the largest groups who raised concerns with her.</p> <p>The Committee Noted the Gosport report update and the actions that the Trust was progressing.</p>
<p>15/0818</p>	<p>Freedom to Speak Up Self-Assessment</p> <p>The Freedom to Speak Up Guardian (FtSUG), with the Director of Nursing (DoN), had recently completed a self-assessment for submitting to NHS Improvement (NHSI).subject to approval from the Board. The Committee reviewed the self-assessment and proposed a number of areas for further review. It was agreed that the FtSUG would forward the updated self-assessment to Jan Marriott, Freedom to Speak Up Non-Executive Director Lead and the DoN for final review. On the basis of this being completed the Committee agreed, on behalf of the Trust Board that the self-assessment, could be submitted to NHSI and The Trust Board updated in September.</p> <p>The Committee Discussed and Approved the Freedom to Speak Up Self-Assessment to be submitted on behalf of the Trust Board, subject to the revisions detailed.</p>
<p>16/0818</p>	<p>Forward Planner Review</p> <p>The Committee noted the forward planner</p>

17/0818	<p>Operational Governance Forum and Clinical Reference Group Exception Reports</p> <p>The Director of Nursing (DoN) brought to the attention of the group the Quality Equality Impact Assessments (QEIA) that had been reviewed by the Clinical Reference Group (CRG) over recent months flagging that some of these were linked to the Cost Improvement Plan programme.</p> <p>The Operational Governance and Clinical Reference Group Exception Reports were Noted</p>
18/0818	<p>Any Other Business</p> <p>There being no other business the Committee Chair closed the Part 1 section of the meeting.</p>
	<p>Date of Next Meeting</p> <p>It was agreed that the next Committee meeting will be held on Thursday 1st November 2018</p>

Chair's Signature:

Date:

Our 12 commitments

Caring

all deliver high quality and clinically focussed services aligned to national and local clinical pathways for the people of Gloucestershire

We will all support each other to recognise our individual leadership roles in delivering high quality care

We will all work with individuals, families and communities to equip them to make informed choices and manage their own health

Open

all work in partnership in a clinically focused and meaningful way with primary care

We will all celebrate and share our colleagues' clinical innovations, clinical effectiveness, audit and good practice

We will all work in partnership with key stakeholders for the benefit of patients, carers, families and clinical colleagues

Responsible

all support and develop a healthy and resilient workforce

We will all promote high quality, safe care so that there is a clinical passion for community health services and for constantly improving patient care

We will all deliver the right education and development to enhance the skills knowledge expertise and understanding of our colleagues

Effective

all embrace innovation, creativity and research

We will all recruit, retain and develop a high quality clinical workforce to meet current and future demand and to uphold the values of the Trust

We will all champion the use of technology to enhance our practice, reduce variation and increase consistency in our work

W
E

W
I
L
L

This page has been left blank



Trust Board

Date of Meeting: 28th November 2018

Report Title: Quality and Performance Report

Agenda reference Number	12/1118
Accountable Executive Director (AED)	Susan Field, Director of Nursing
Presenter (if not AED)	Susan Field, Director of Nursing Candace Plouffe, Chief Operating Officer
Author(s)	Susan Field, Director of Nursing
Board action required	To Note and Receive
Previously considered by	N/A
Appendices	Appendix 1 – Quality and Performance Report – October 2018 data

Executive Summary

This report is an overview of the Trust's Quality and Performance activities as at October 2018. It highlights achievements made and outlines how the Trust is responding to those areas where improvements are either continuing or need to improve further.

Recommendations:

The Trust Board is asked to:

- 1 **Note** and **Receive** this exception report.

Related Trust Objectives	1,2,3
Risk Implications	Risk issues are clearly identified within the report
Quality and Equality Impact Assessment (QEIA)	Implications are clearly referenced in the report
Financial Implications	No finance implications identified
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Quality and Performance Update

1 Introduction and Purpose

This report relates to the Trust's October 2018 Quality and Performance data.

2 Background

The Quality and Performance Committee had reviewed September 2018 data at its 1st November meeting.

3 Key Areas to Note

The October data report confirms a number of achievements and risks, which include:

- There has been a further decline with achieving 90% compliance rates with colleagues Personal Development Reviews (PDRs) – **73.4%**.
- The number of Serious Incidents Requiring Investigation (SIRI) declared by the Trust is at its lowest rate over a 12 months' timeframe – currently 5 reported since April 2018.
- There has been a significant decline in the percentage of inpatients with Venous Thromboembolism (VTE) Risk Assessments being completed – **55.3%** against a **95%** standard. The latter has not been achieved since April 2018. The Medical Director is working with medical colleagues to address this compliance risk. Actions being undertaken include:
 - Rapid review of the current VTE policy.
 - Introduction of VTE READ coding – October 2018 (this change may have attributed to the significant decline).
 - 'Safety net' checks by medical colleagues re compliance.
 - Quality improvement discussions to be taken forward at the November medical forum meeting
- The continued Trust-wide improvements with regards to our Quality Improvement activities associated with preventing and treating pressure ulcers
- Service specific risks associated with national and local targets being achieved and; highlighted in the CEO and executive team report (agenda item 9).
- Continued improvement in compliance levels with regards to mandatory training (**86.3%**) and; a reminder that this is one of the CQC Quality Improvement Plans "must do's".

4 Conclusion and Recommendations

The Trust Board is asked to:

Note and **receive** this exception report.

Abbreviations Used in Report

CQC – Care Quality Commission
PDRs – Personal Development Reviews
MIUs – Minor Injury and Illness Units
SIRIs – Serious Incidents Requiring Investigation
VTE – Venous Thromboembolism

This page has been left blank

Quality & Performance Report

**Trust Board Meeting
28th November 2018**

Data for October 2018

Are Our Services Caring?

- The overall Friends and Family Test response rate in October was **12.7%**. The proportion of patients indicating Likely or Extremely Likely to recommend our services increased to **93.0%** in October compared to **91.2%** in September.

Are Our Services Safe?

- The nationally reported Safety Thermometer Harm free score remains consistent at **93.6%** during October compared to the target of 95%.
- Based on new harms only, the Trust achieved harm-free care of **99.2%** in October, compared to a target of 98%. This was a slight increase on the September performance of **98.9%**.

Are our Services Effective?

- The Bed Occupancy rate was **93.9%** in October, a decrease compared to **94.3%** in September.
- Delayed Transfer of Care (DToc) rate in October was **1.3%**, remaining below the threshold of <3.5%. There was an average of **1** patient delayed per day in October.

Are Our Services Responsive?

- The number of 4 hour breaches in MIUs have increased to **69** during October compared to **57** in September and **514** for 2017/18 as a whole. The average number of breaches per month in 2017/18 was 43, with an average of 89 per month in 2018/19. October performance in the '% seen and discharged within 4 hours' measure, at **98.9%**, remains above the 95% target. The level of breaches in 2018/19 will not impact attainment of the 95% target (there would need to have been 320 breaches per month to miss the target)
- For countywide services, the Musculoskeletal Clinical Assessment and Treatment service (MSKCAT), achieved the 95% target for patients seen within 8 weeks of referral in October at **97.0%**; this demonstrates maintained good performance over the last four months.
- SPCA have maintained good performance of their abandoned call rate measure at **1.0%** in September, which continues to be below the threshold of <5%. For priority 1 and 2 calls, the percentage of calls answered within 60 seconds is above the 95% target at **98.0%**, a slight decrease on the September performance of **98.8%**.

Are Our Services Well Led?

- Mandatory training compliance rate in October was an average of **86.32%**, an improvement compared to the 2017/18 average of **82.63%**.
- National Staff survey results for Qtr. 2 2018/19 indicate that **88.5%** of staff responding would recommend the Trust as a place to receive treatment (target is 67%). **58.5%** of staff indicated that they would be 'Extremely Likely' or 'Likely' to recommend the Trust as a place to work (target is 61%). The first measure is comparable to **88.0%** performance in Qtr. 1 of 2018/19. The second measure is showing a decrease from **63.0%** performance in Qtr. 1 of 2018/19.
- Sickness absence (rolling 12 months to October) is **4.79%**, against a local target of <4%; this is consistent performance through the year.
- 73.45%** of all staff Personal Development Reviews were completed by the end of October 2018. For active assignments only, the figure for October is **78.71%**.

SPC Charts

- This version of the report contains a series of Statistical Process Control charts within the Falls, Patient Experience, Pressure Ulcers, Safety Thermometer, Medication Incident and Workforce sections of the report. This will continue to be developed in future reports to increase the coverage.
- The aim of these charts is to identify whether performance is within upper and lower control limits (shown on the charts). The upper and lower control limits are determined by the variation from the average of all the values in the chart. They are used to show 'normal variation' and determine whether a value for the month falls outside normal levels of activity and needs investigation.
- The limits are calculated as plus or minus 3 times the Standard Deviation (Sigma) for the data. Sigma is calculated as the average moving range (difference between consecutive monthly values) divided by a bias correction factor based on the size of the data set.

Quality and Performance Dashboard (Trustwide)

CQC DOMAIN - ARE SERVICES CARING?																				
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	Benchmarking Report Sep Figure
1	Friends and Family Test Response Rate	N - T	15%	8.3%	13.2%	15.2%	13.8%	11.2%	12.2%	13.9%	12.7%						13.2%			
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	N - R L - I	95%	94.2%	93.5%	92.0%	92.4%	91.7%	92.4%	91.2%	93.0%						92.3%			95.4%
3	Number of Compliments	L - R		924	75	76	91	100	113	119	165						739			
4	Number of Complaints	N - R		44	3	7	3	2	1	1	5						22			
5	Number of Concerns	L - R		391	43	37	52	50	43	45	46						316			
CQC DOMAIN - ARE SERVICES SAFE?																				
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	Benchmarking Report Sep Figure
6	Number of Never Events	N - R		1	0	0	0	0	0	0	0						0			
7	Number of Serious Incidents Requiring Investigation (SIRI)	N - R		23	0	1	2	0	1	0	1						5			
8	Number of Serious Incidents Requiring Investigation (SIRI) where Medication errors caused serious harm	N - R		0	0	0	0	0	0	0	0						0			
9	Total number of incidents reported	L - R		3,946	352	408	428	457	397	338	406						2,786			
10	% incidents resulting in low or no harm	L - R		94.8%	93.2%	97.8%	96.3%	97.4%	94.7%	96.6%	94.2%						95.7%			
11	% incidents resulting in moderate harm, severe harm or death	L - R		5.2%	6.8%	2.2%	3.7%	2.6%	5.3%	3.4%	5.8%						4.3%			
12	% falls incidents resulting in moderate, severe harm or death	L - R		1.5%	0.0%	1.3%	4.5%	1.5%	0.0%	0.0%	0.0%						1.0%			
13	% medication errors resulting in moderate, severe harm or death	L - R		0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%						0.0%			
14	Number of post 48 hour Clostridium Difficile Infections	N - R L - C	2*	16	3	4	1	1	1	1	1						12	R	Y	
15	Number of MRSA bacteraemias	N - R L - C	0	0	0	0	0	0	0	0	0						0	G		
16	Number of MSSA Infections	L - R	0	0	0	0	0	0	0	0	0						0			
17	Number of E.Coli Bloodstream Infections	L - R	0	0	0	0	0	0	1	0	0						1			
18	Safer Staffing Fill Rate - Community Hospitals	N - R		100.2%	100.5%	99.8%	100.7%	100.2%	99.1%	98.9%	101.7%						100.1%			
19	VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	95.0%	87.9%	93.0%	91.0%	94.3%	94.6%	91.5%	55.3%						86.6%	A	Y	
20	Safety Thermometer - % Harm Free	N - R L - C	95%	94.1%	92.8%	91.9%	94.4%	94.9%	94.9%	93.8%	93.6%						93.7%	R	Y	
21	Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	98.0%	97.2%	95.8%	97.8%	99.2%	99.4%	98.9%	99.2%						98.2%	A	Y	96.2%
22	Total number of Acquired pressure ulcers	L - R		652	71	51	50	53	72	58	47						402			
23	Total number of grades 1 & 2 Acquired pressure ulcers	L - R		578	62	46	44	48	62	56	43						361			
24	Number of grade 3 Acquired pressure ulcers	L - R		64	7	5	5	5	10	2	4						38			
25	Number of grade 4 Acquired pressure ulcers	L - R		10	2	0	1	0	0	0	0						3			

*In-month threshold (i.e. October)

RAG Key: R – Red, A – Amber, G – Green

Quality and Performance Dashboard (Trustwide)

CQC DOMAIN - ARE SERVICES EFFECTIVE?																				
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	Benchmarking Report Sep Figure
Community Hospitals																				
26	Re-admission within 30 days of discharge following a non-elective admission	N - R		10.7%	6.6%	9.0%	11.1%	6.2%	8.9%	7.4%	11.0%						8.6%			
27	Inpatients - Average Length of Stay	L - R		26.8	28.0	27.2	28.8	24.5	24.3	26.7	26.5						26.6			25.8
28	Bed Occupancy - Community Hospitals	L - C	92%	96.7%	93.2%	95.1%	91.8%	90.2%	91.0%	94.3%	93.9%						92.8%	G		91.6%
29	% of direct admissions to community hospitals	L - R		25.3%	26.3%	27.4%	21.8%	26.7%	20.1%	21.7%	15.8%						22.8%			
30	Delayed Transfers of Care (average number of patients each month)	L - R		11	3	3	2	3	3	3	1						3			
31	Bed days lost due to delayed discharge as percentage of total beddays	L - R	<3.5%	5.9%	1.4%	1.0%	1.2%	2.6%	1.8%	2.3%	1.3%						1.7%			15.5%
32	Percentage of patients waiting less than 6 weeks from referral for a diagnostic test	N - T	>99%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						100.0%	G		
CQC DOMAIN - ARE SERVICES RESPONSIVE?																				
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	Benchmarking Report Sep Figure
Minor Injury and Illness Units																				
33	MIIU % seen and discharged within 4 Hours	N - T	95%	99.3%	99.4%	98.8%	98.6%	97.5%	99.0%	99.1%	98.9%						99.2%	G		
34	MIIU Number of breaches of 4 hour target	L - R		514	35	90	106	197	71	57	69						625			
35	Total time spent in MIIU less than 4 hours (95th percentile)	L - I	<4hrs	02:53	02:39	02:50	03:15	03:28	02:58	03:08	03:05						03:03	G		
36	MIIU - Time to treatment in department (median)	L - I	<60 m	00:26	00:30	00:34	00:35	00:39	00:30	00:35	00:36						00:35	G		
37	MIIU - Unplanned re-attendance rate within 7 days	L - C	<5%	2.4%	0.8%	0.8%	0.9%	0.9%	1.3%	1.0%	1.4%						1.0%	G		
38	MIIU - % of patients who left department without being seen	L - C	<5%	2.2%	2.4%	3.6%	3.7%	4.0%	2.9%	3.2%	3.2%						3.3%	G		
Referral to Treatment																				
39	Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	84.4%	60.7%	59.5%	57.1%	59.8%	46.8%	50.8%	41.7%						53.2%	R	Y	
40	Podiatry - % treated within 8 Weeks	L - C	95%	92.8%	97.5%	98.4%	98.6%	98.6%	95.6%	94.5%	95.6%						97.0%	G		
41	MSKCAT Service - % treated within 8 Weeks	L - C	95%	57.1%	95.8%	99.7%	100.0%	99.7%	99.1%	96.8%	97.0%						98.5%	G		
42	MSK Physiotherapy - % treated within 8 Weeks	L - C	95%	90.7%	91.4%	99.7%	85.7%	90.1%	89.5%	89.0%	93.1%						90.0%	R	Y	
43	ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	85.0%	84.3%	84.5%	81.1%	79.6%	86.6%	80.3%	81.8%						82.5%	R	Y	
44	Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	82.8%	77.4%	70.1%	76.8%	73.1%	69.3%	63.2%	69.6%						71.5%	R	Y	
45	Diabetes Nursing - % treated within 8 Weeks	L - C	95%	96.2%	94.5%	85.5%	97.6%	87.8%	90.7%	90.3%	97.6%						91.7%	A	Y	
46	Bone Health Service - % treated within 8 Weeks	L - C	95%	99.5%	96.0%	99.5%	99.3%	97.7%	98.8%	99.3%	100.0%						98.6%	G		
47	Contraception Service and Sexual Health- % treated within 8 Weeks	L - C	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.7%						100.0%			
48	HIV Service - % treated within 8 Weeks	L - C	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						100.0%	G		

RAG Key: R – Red, A – Amber, G - Green

Quality and Performance Dashboard (Trustwide)

CQC DOMAIN - ARE SERVICES RESPONSIVE?																				
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	Benchmarking Report Sep Figure
49	Psychosexual Service - % treated within 8 Weeks	L - C	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						100.0%			
50	Sexual Health - % of terminations carried out within 9 weeks and 6 days of gestation	L - C	70%	77.4%	73.4%	63.4%	83.2%	70.7%	66.0%	74.7%	88.3%						74.3%	G		
51	Paediatric Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	97.7%	93.3%	99.5%	95.6%	95.4%	100.0%	96.3%	100.0%						97.6%	G		
52	Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	99.0%	96.9%	99.1%	97.4%	93.2%	80.0%	88.5%	95.5%						92.9%	A	Y	
53	Paediatric Occupational Therapy - % treated within 8 Weeks	L - C	95%	96.6%	97.6%	98.6%	96.4%	98.4%	97.2%	95.1%	94.0%						96.5%	G		
54	MSKCAT Service - % of referrals referred on to secondary care	L - C	<30%	12.4%	13.3%	11.1%	10.3%	12.3%	12.7%	13.9%	12.9%						12.3%	G		
55	MSKCAT Service - Patients referred to secondary care within 2 days of decision to refer onwards	L - C	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						100.0%	G		
56	MSKCAT Service - wait from referral for urgent patients to be seen not to exceed 2 weeks	L - C	95%	95.9%	84.6%	96.3%	97.6%	96.7%	28.6%	33.3%	20.8%						64.1%	R	Y	
57	Stroke ESD - Proportion of new patients assessed within 2 days of notification	L - C	95%	88.6%	65.2%	72.7%	44.4%	65.0%	66.6%	76.5%	100.0%						69.2%	R	Y	
58	Stroke ESD - Proportion of patients discharged within 6 weeks	L - C	95%	98.9%	100.0%	96.3%	100.0%	96.3%	95.0%	92.0%	95.0%						96.2%	G		
59	Social Care ICT - % of Referrals resolved at Referral Centres and closed	L - C		45.9%	45.2%	44.8%	47.4%	48.9%	52.0%	**	**						47.7%			
60	Newborn Hearing Screening Coverage	N - T	97%	100.0%	100.0%	100.0%	100.0%	GCS no longer delivering NHSP									100.0%	G		
61	Newborn Hearing Screens completed by 5 weeks (community sites) - Well babies	N - T	97%	99.6%	99.6%	100.0%	100.0%										99.9%	G		
62	Single Point of Clinical Access (SPCA) Calls Offered (received)	L - R		40,511	3,212	3,309	3,195	3,453	3,293	2,914	3,259						22,635			
63	SPCA % of calls abandoned	L - C	<5%	2.7%	1.6%	1.6%	1.4%	2.0%	1.2%	1.3%	1.0%						1.5%	G		
64	95% of priority 1 & 2 calls answered within 60 seconds after introductory message finishing	L - C	95%	90.5%	91.7%	95.6%	94.6%	98.3%	98.8%	98.8%	98.0%						96.7%	G		
65	Rapid Response - Number of referrals	L - C	*2,168	3,726	309	290	319	341	327	344	332						2,262	G		
CQC DOMAIN - ARE SERVICES WELL LED?																				
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	Benchmarking Report Sep Figure
66	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N - R L - T	61%	53.3%			63.0%			58.5%								A	Y	
67	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N - R L - T	67%	83.0%			88.0%			88.5%								G		
68	Mandatory Training	L - I	92%	82.63%	86.30%	85.80%	86.02%	86.39%	86.24%	86.10%	86.32%						86.17%	A	Y	88.7%
69	% of Staff with completed Personal Development Reviews (Appraisal)	L - I	95%	79.91%	84.40%	80.94%	81.41%	80.09%	80.09%	77.03%	73.45%						79.63%	R	Y	85.2%
69a	% of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only	L - I	95%	N/A	87.40%	85.40%	84.00%	83.63%	83.60%	80.79%	78.71%						83.36%	R	Y	
70	Sickness absence average % rolling rate - 12 months	L - I	<4%	4.63%	4.7%	4.6%	4.7%	4.7%	4.7%	4.8%	4.8%						4.7%	A	Y	4.6%

* Threshold is for April to October

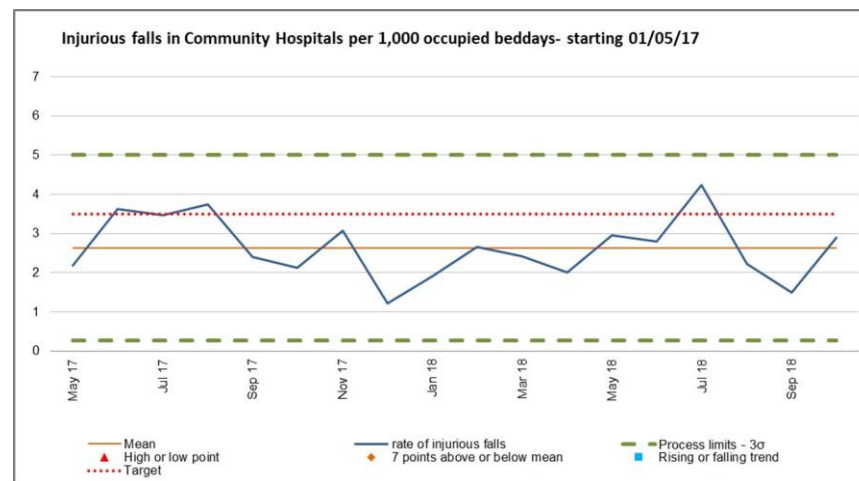
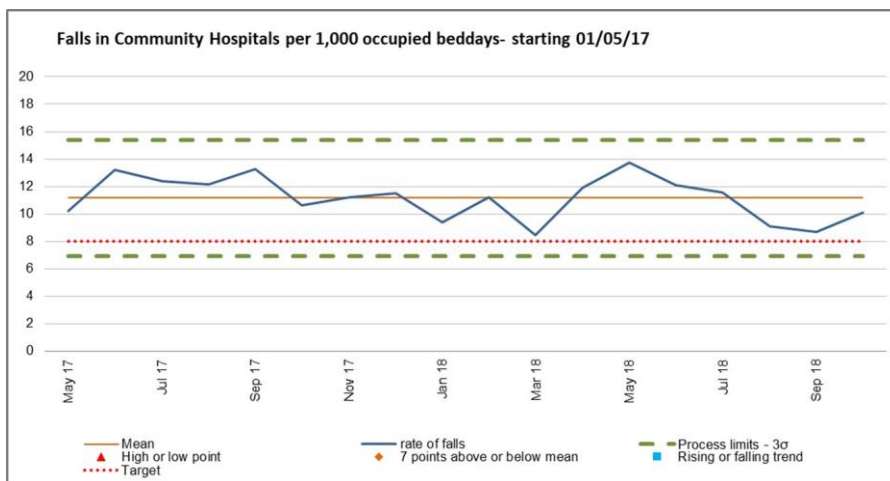
**Referral Centre referral numbers from the ERIC system for September and October are subject to further validation

RAG Key: R – Red, A – Amber, G - Green

2018/19 Quality Priorities		Quality Domain
1. Falls Prevention and Management	Our aim will be to continue focusing on preventing and managing falls, particularly in areas where falls cause harm.	SAFE
2. Health and Well-being of Colleagues	Our aim is to maintain or reduce colleague sickness and absence, and to continue our work relating to health and wellbeing. We will also aim to achieve a 75% uptake rate of colleagues having their flu vaccinations	CARING
3. End of life Care	Our aim will be to consolidate further our End of Life care developments with the intention of being able to increase the proportion of people who are able to die in their preferred place of choice.	EFFECTIVE
4. Nutrition and Hydration	Our aim is to build on what we have achieved through PLACE with regards to our community hospitals and to include a focus on nutrition and hydration with our wider community services.	WELL-LED
5. Preventing Pressure Ulcers	The prevention of pressure ulcers remains one of our top priorities with regards to patient safety. Our aim will be to continue to monitor the number and incidences of pressure ulcers and to continue to drive our reduction plans forward	SAFE
6. Reducing Medication Errors	Our aim is to improve patient safety and to get a more detailed understanding of our medication errors by improved reporting which will enable further learning to support safer practice.	WELL-LED
7. Deteriorating Patient, Including Sepsis	Our aim will be to support and develop our clinical colleagues in the recognition and early identification of deteriorating patients to include sepsis and other life threatening conditions.	RESPONSIVE
8. CQUIN	National Commissioning for Quality and Innovation (CQUIN)	WELL-LED

1. Falls Prevention and Management (Page 1 of 2)

Hospital	Total Falls				Injurious Falls			
	2018/19 YTD		2017/18 Total		2018/19 YTD		2017/18 Total	
	Number of falls (cumulative)	Falls per 1,000 Occ. Bed Days	Number of falls (cumulative)	Falls per 1,000 Bed Days	Number of injurious falls (cumulative)	Injurious falls per 1,000 Occ. Bed Days	Number of injurious falls (cumulative)	Injurious falls per 1,000 Bed Days
The Vale	67	16.5	68	9.9	8	2.0	12	1.7
Dilke	65	12.8	131	14.7	17	3.4	40	4.5
Tewkesbury	52	12.7	73	12.1	18	4.4	13	2.1
North Cotswolds	53	11.8	103	13.2	10	2.2	21	2.7
Cirencester	112	11.3	197	11.4	28	2.8	44	2.5
Lydney	27	7.1	66	9.7	7	1.8	16	2.3
Stroud General	48	6.9	120	8.9	14	2.0	32	2.4
TOTAL	424	11.3	758	11.3	102	2.7	178	2.6
Expected year end outturn	727				175			



Additional information related to performance

Falls in an inpatient setting

- 76% of all falls reported in the year to date are **without harm**.

Benchmarking

- The Trust is reporting a rate of 11.03 falls per 1,000 occupied bed days (6 month period between Apr-18 to Sep-18) compared to an average of 8.09 falls per 1,000 bed days based on the Trusts within the latest NHS Benchmarking Network monthly indicator report.
- The charts above show all falls and injurious falls to be within control limits. Both charts show a downward trend from May 2018 and July 2018 respectively.
- The internal target of 8 falls per 1,000 occupied bed days is at the lower control limit and significantly below the mean.

What actions have been taken to improve performance?

- The improvement plan is reviewed by the community hospitals Falls Prevention Group on a monthly basis and reports to the Quality Steering Group, and Quality and Performance Committee.
- Year to date total falls per 1,000 occupied bed days are at **11.3**, above the internal benchmark of 8.0. Year to date total falls with harm per 1,000 occupied bed days are at **2.7**, below the internal benchmark of 3.5. Please see commentary on pages 8-9.

QUALITY PRIORITY | ARE SERVICES SAFE?

Performance against trajectory is from the April 2018 Quality Assurance Report

Narrative and performance for the Quality Priorities will be updated quarterly in accordance with availability of updated Quality Assurance Reports

1. Falls Prevention and Management (Page 2 of 2)

1. Falls Prevention and Management <i>Our aim will be to continue focusing on preventing and managing falls, particularly in areas where falls cause harm</i>	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
Falls awareness training (Community hospital inpatient colleagues)	92%		31.7%			40.0%		54.7%						R
Falls Prevention and Assessment training (FallSafe)(all qualified nurses and therapists on Community hospital inpatient wards)	92%		48.2%			41.0%		40.2%						R
Community hospital colleagues to be trained on correct, consistent techniques for taking lying and standing blood pressure	92%		47.7%			50.0%		61.1%						R

Additional information related to performance	What actions have been taken to improve performance?
1.1 Compliance with NICE Guidance (CG161)	<ul style="list-style-type: none"> The updated multifactorial falls risk assessment which is now on SystmOne is compliant with CG161. All patients have a full assessment of their individual risk factors which might contribute to their risk of falling. Risk factors and actions required to reduce their individual risk are now recorded. This is reviewed on at least a weekly basis and following any falls. In addition, the post falls "SWARM" (a rapid multidisciplinary assessment), is now used in all inpatient wards which allows colleagues to quickly review the patient and the environment to ascertain whether there were any contributory factors to the patient to reduce the risk of future falls. Qtr. 2 2018/19 – Record keeping audit indicated that the multi-factorial risk assessment was being completed however the quality improvement group plan to audit compliance on areas that were rated amber or red, and a visual audit of the area around the patients to identify any potential risk factors (e.g. make sure the call bell is within reach, walking aids are within reach) – to take place in Qtr. 3. Qtr. 3 2018/19 – Audit as described above to take place. Qtr. 4 2018/19 - Results from audit published and action plan to address areas of non-compliance produced.
1.2 Education and Training	<ul style="list-style-type: none"> It is proposed for Year 2 of this Quality Priority that the training report is split to show those colleagues who have received falls awareness training (all community hospital inpatient colleagues) and those who have received falls prevention and assessment (FallSafe) training (all qualified nurses and therapists on community hospital inpatient wards). Target set at 92% compliance in line with statutory and mandatory training for each of the training pathways. Latest Oct 2018 – 54.7% of staff have received falls awareness training; 40% of staff have received FallSafe training.
1.2.1 Orthostatic Hypotension	<ul style="list-style-type: none"> Orthostatic hypotension can increase a patient's risk of falling. Careful assessment is needed so that treatment and management strategies can be implemented. The aim is for 92% of community hospital colleagues to be trained on correct, consistent techniques for taking lying and standing blood pressure. However, accurate training reports are still not being consistently produced.
1.3 Reducing Falls with Harm and Reducing Variation	<ul style="list-style-type: none"> The quality improvement group have requested an additional regular report to show the frequency of falls per patient which will show how many patients fall 1, 2, 3 or more times. This will enable us to identify any areas where patients fall multiple times which will increase their risk of receiving an injury. There was previously no clear definition of what a fall is and what a fall with injury is in terms of how incidents are reported and it was felt that this was contributing to the variation in the incidence of falls reported across the inpatient wards. Definitions were agreed and implemented and in May 2018 the community hospital Matrons audited a sample of incident reports to check compliance against the agreed definitions. The results showed that in 97% of cases the risk grading was reasonable.
1.4 Positive Risk Taking	<ul style="list-style-type: none"> Leaflets are in place and there is now a "tick box" on SystmOne so that colleagues can record that the leaflet has been shared with the patient and/or relatives as part of their falls assessment. This is being audited during Qtr. 3.

QUALITY PRIORITY | ARE SERVICES SAFE?

2. Colleague Health and Well-being

2. Health and Well-being of Colleagues <i>Our aim is to maintain or reduce colleague sickness and absence, and to continue our work relating to health and wellbeing</i>	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	
Uptake rate of colleagues having flu vaccinations	75%	n/a							52.0%					
2018/19 Quarterly days Absence (FTE excluding pregnancy)		1,344			1,602									
2017/18 Quarterly days Absence (FTE excluding pregnancy)		1,635			1,505									
Difference in Days Absence (FTE excluding pregnancy) 17/18 to 18/19		-291			+97									
The Trust has signed up to the sugar sweetened beverage sale reduction commitment, to reduce sales of sugar sweetened beverages to 10% of total sales	10%	To be confirmed												

Additional information related to performance	What actions have been taken to improve performance?
<p>The Trust is committed to providing a healthy and safe working environment to support colleagues in maintaining and enhancing their personal health and wellbeing at work. The Trust also recognises that supporting staff to improve their quality of life is crucial to the delivery of high quality, person centred care across the organisation's health and social care services.</p>	<ul style="list-style-type: none"> Health and Hustle continues to grow its membership and has expanded its reach across the ICS, recently recruiting the County Council, GHFT and Gloucester City Council. This has increased interest in the Trust and activity is continuing to grow. The Trust is also working closely with ICS partners in a joint Health and Well-being working group and we are producing guidance for desk based colleagues on posture and stretching exercises. Bath Spa University is continuing work on the research project into mental health in the workplace. This project has been delayed due to some technical issues at Bath Spa University. The App and Toolkit are now due to be launched in February 2019. The fast track physiotherapist service introduced at the start of the 2017/18 financial year continues to be well received. There has been a decrease in MSK related absence (excluding pregnancy related disorders) of 194 FTE days compared to the same period in 2017/18. The Trust has recently signed up to GloW (Gloucestershire Wellbeing) commitment which is the local response to Public Health England's Prevention Concordat for Better Mental Health; which has been rolled out across the country. The Trust pledged to 'continue supporting our colleagues mental health and well-being and will implement a series of stress management interventions aimed at improving working conditions and individual coping strategies to improve both employee wellbeing and organisational outcomes'

QUALITY PRIORITY | ARE SERVICES SAFE?

3. End of Life Care

3. End of life Care		Target	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Our aim will be to consolidate further our End of Life care developments with the intention of being able to increase the proportion of people who are able to die in their preferred place of choice							
Number of patients who have End of Life care recorded on SystmOne EoL template		n/a	Use of template to commence from Nov-18				
Additional information related to performance	What actions have been taken to improve performance?						
Leadership	<ul style="list-style-type: none">End of Life Care work plan and quality improvement metrics have been renewed to support outstanding actions from CQC inspection and to align with countywide and regional work streams such as the Clinical Programmes Group and the ReSPECT roll out.						
Quality Metrics	<ol style="list-style-type: none">Understanding our Performance: this will be measured by the utilisation and documentation in the SystmOne End of Life Template. This template will help us to understand and communicate patient wishes/choices for their end of life care.Training: Ensuring we have Skilled and Trained Colleagues to provide end of life care. Our End of Life Care Training Framework will guide staff to appropriate resources and we will establish a system to clearly see which staff have received training.Mortality Case Reviews: we are aligning and enhancing the current system to ensure countywide community hospital learning and sharing of best practice. We will identify a process to start reviewing deaths that occur in the community/at home.						
Development of the metrics to date	<ul style="list-style-type: none">Staff to use the new SystmOne EoL template from November 2018. Reporting from this will commence following go-live. Our baseline figure for the current use of this template is 19.4% (taken from an audit of all deceased patients from 01/03/18 to 30/04/18)Booking sessions with appropriate teams and services to discuss the metrics (including demonstrating the SystmOne template) and update colleagues.Identifying gaps in training provision for locally delivered bite size sessions (potentially looking at prognostic indicators and advance care planning discussions/having those difficult but important conversations around ceilings of care).Developed a report prototype that is being used at mortality review groups.						
Training and Education	The current training framework is a good base to start to understand the development needs of colleagues. There has been a positive response from colleagues who have attended the masterclasses and training programme to date. We will use their evaluations and feedback to identify further educational needs including the bite size sessions described above.						
National Audit of Care at the End of Life (NACEL)	<ul style="list-style-type: none">The data submission for NACEL audit has now closed and we await the final results from this in May 2019.						
ReSPECT (Recommended Summary Plan for Emergency Care and Treatment)	<ul style="list-style-type: none">GCS will be represented on the Gloucestershire Task and Finish Group (waiting for the GCCG to set this group up)The Clinical Pathways Lead for EoLC will, in collaboration with the Matron for Charlton Lane Hospital (2Gether), develop an internal ReSPECT group for the two organisations to share with the ICS Clinical Program Group.						
Countywide roll out of the new Shared Care Plan and diamorphine to morphine swap in End of Life Care	<ul style="list-style-type: none">GCS in collaboration with the county Medical Examiners and a GP practice in Stroud are looking to set up a pilot to understand the resources required for completing mortality reviews on our patients that die at homeCurrent work is focused on the information required for the pilot and how we share any learning countywide across organisations						
<ul style="list-style-type: none">We are currently reviewing the evaluations for the EoLC masterclasses that were held in 2018 to identify how education in this field can be taken forward.The Trust is undertaking a completing a gap analysis against the recommendations of the NQB Learning from Deaths, Working with Families (July 2018) document to see where we can improve our work in this area							

270 of 322

10

QUALITY PRIORITY | ARE SERVICES SAFE?

4. Nutrition and Hydration (Page 1 of 2)

4. Nutrition and Hydration <i>Our aim is to build on what we have achieved through PLACE with regards to our community hospitals and to include a focus on nutrition and hydration with our wider community services</i>	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
To increase the usage of the Malnutrition Universal Screening Tool (MUST)														
Community Nursing patients will have a MUST assessment completed on initial assessment	80%		28.0%			27.0%		28.5%						R
Community Hospital inpatients will have a MUST assessment completed within 24 hours of admission	95%		14.8%			10.0%		5.3%						R
To decrease the incidence of CAUTIs possibly associated with dehydration														
Audits planned to inform baseline	n/a													Retrospective records audits will be led by Clinical Pathways lead (anticipated start date Sept 2018)
To increase the uptake of the Malnutrition Universal Screening Tool (MUST) training														
Increase number of staff receiving formal training (online) - Cumulative numbers	>17 (2017 baseline)	0	3	4	8	13	17	19						G

*Please note these targets are yet to be agreed and will be reviewed at the Nutrition & Hydration Quality Improvement Group meeting at the end of November 2018

What actions have been taken to improve performance?

To meet CQC regulation 14, providers must make sure that people have enough to eat and drink to meet their nutrition and hydration needs and receive the support they need to do so.

Metric 1: To increase the usage of the malnutrition universal screening tool (MUST)

- **80%** of community nursing patients (including complex leg) will have a MUST assessment completed on initial assessment. **Baseline data for 2017/18 = 27.5%.**
- **95%** of in-patient patients will have a MUST assessment completed within 24 hours of admission. **Baseline data for 2017/18 = 13.1%.**
- **Assessments recorded outside of 24 hours from admission shows 98.8% of patients have the MUST assessment completed.** (Please note these targets are yet to be agreed and will be reviewed at the Nutrition & Hydration Quality Improvement Group meeting at the end of November 2018).
- **Action taken:** The Community Hospitals and Community Nursing switchboards have been reviewed and redesigned to encourage the use of the MUST tool. This is expected to improve performance from November 2018 onwards.

Metric 2: To deliver a “Do one more thing” campaign in every ICT locality to promote the uptake of fluids in patients in their homes. Progress to date – This will be led by a recently appointed Clinical Pathways Lead .

Metric 3: Proxy measure to metric 2 - To decrease the incidence of CAUTIs possibly associated with dehydration.

- Retrospective records audit planned between summer 2018 and summer 2019. **Progress to date –** This audit will commence in summer 2019 and be led by a newly appointed Clinical Pathways Lead.

Metric 4: Healthy workforce campaign: Promote the 3Rs campaign in every community hospital and community site.

- Rest – Rehydrate – Refuel. Progress to date – Inclusion in the Health & Hustle phenomenon because of great staff engagement and hydration being a big part of looking after yourself. Also on the health & wellbeing page on the staff intranet, to discuss at QI group on 19 November 2018.

4. Nutrition and Hydration (Page 2 of 2)

What actions have been taken to improve performance?

Metric 5: Increase the uptake of MUST training to include the usage of upper arm measurements in the absence of scales in people's homes.

Progress to date – Baseline Data - we have established that formal training numbers are very low in terms of the online training **44 members of staff in 2015, 28 in 2016 and 17 in 2017**. The MUST training with upper arm measurements is now also included in preceptorship training which will ensure that newly trained staff are up to date. Increasing the accessibility of training will be discussed with Training and Development colleagues with a baseline from preceptorship a possibility. 19 trained to date in 2018/19.

Metric 6: Staff colleagues are aware of and can apply the International Dysphagia Diet Standard Initiative (IDDSI).

Progress to date – The IDDSI is currently a focus for the Trust's Nutrition and Hydration Quality Improvement Group and plans are currently being put in place to increase awareness and deliver training. This is a major commitment for the Trust and the wider system there has been countywide agreement on the manufacturer of the product to be used across Gloucestershire in October's meeting of partners to ensure its success.

Metric 7: Leadership: Non-Executive representation of Nutrition and Hydration.

Progress to date – We are currently determining whether there is capacity within the NED structure for NED representation for this quality work stream

These metrics are commensurate with the 8 commitments of the Trust's Quality Improvement group nutrition and hydration strategy as well as CQC standard 14, and should provide demonstrable evidence of quality activity and outcomes.

5. Preventing Pressure Ulcers

5. Preventing Pressure Ulcers

The prevention of pressure ulcers remains one of our top priorities with regards to patient safety. Our aim will be to continue to monitor the number and incidences of pressure ulcers and to continue to drive our reduction plans forward

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
Increase in reporting of moisture lesions from % of Pressure Ulcers	Increase %	Baseline 2% (17/18)			9.0%									G
Increase in reporting of Pressure Ulcers by non nursing colleagues	Increase % (baseline 4% Q2 2017/18)	4% (17/18)			6.6%									G
Reduce incidence of Acquired and Avoidable Pressure Ulcers	Decrease %	Baseline 33%			16.0%									G
Increase the effectiveness of earlier detection and screening of Pressure Ulcers by increasing % of grade 1 Pressure Ulcers reported	Increase %	Baseline 13.7% (17/18)			21.0%									A

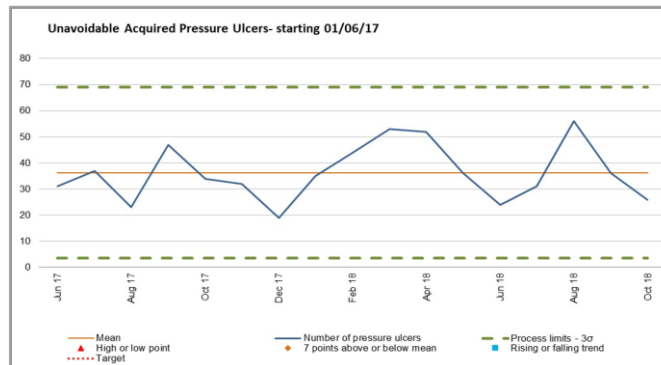
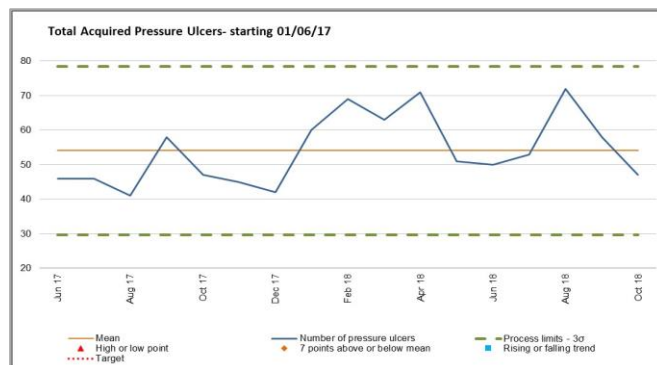
CQC DOMAIN - ARE SERVICES SAFE?

	Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	Exception Report?	Benchmarking Report Aug Figure
22 Total number of Acquired pressure ulcers	L - R		652	71	51	50	53	72	58	47						402		
23 Total number of grades 1 & 2 Acquired pressure ulcers	L - R		578	62	46	44	48	62	56	43						361		
24 Number of grade 3 Acquired pressure ulcers	L - R		64	7	5	5	5	10	2	4						38		
25 Number of grade 4 Acquired pressure ulcers	L - R		10	2	0	1	0	0	0	0						3		

These charts show that acquired pressure ulcers are increasing over the period monitored, however remaining within the control limits Impact of improvement to processes, detection and screening will be monitored using these charts to track changes in trend.

Risks
(Pressure Ulcers)
Reference – 562 - Rating – 12

Risks
(Acquired Pressure Ulcers)
Reference – 710 - Rating – 9

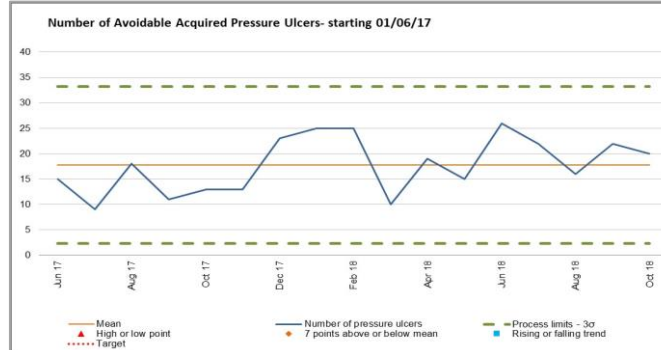


Additional information related to performance

In October there were 47 acquired pressure ulcers: 7 in Community Hospitals, 40 in Community Services

What actions have been taken to improve performance?

- Waterlow assessment tool has been implemented in community hospitals with SystmOne changes. This is the risk assessment tool used across GHFT and community hospitals.
- Gap analysis of new pressure ulcer definitions (NHSI) has been completed, RAG is 12 green, 6 amber, 6 red.
- NHS Improvement have invited GCS is now part of the 3rd cohort of quality improvement work on reducing pressure ulcers with NHS Improvement.
- Engagement with voluntary groups in Gloucestershire to promote awareness of pressure ulcers in the community has commenced.
- The Trust actively participated in the national Stop the Pressure Day on 15th Nov, and included our Community hospitals displaying "posters on what our team have done to reduce pressure ulcers in 2018"
- Review of training offer completed and uploaded to ESR for 2019



Benchmarking: In the 'Rate of new grade 2,3,4 avoidable pressure ulcers acquired in a Community Hospital setting per 1,000 occupied bed days' the Trust submitted a figure of 0.74 in September. The benchmarking figure is 0.42 for Community Hospital settings.

6. Reducing Medication Errors

6. Reducing Medication Errors

Our aim is to improve patient safety and to get a more detailed understanding of our medication errors by improved reporting which will enable further learning to support safer practice

	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
Reducing Medication error incidents	<27	Baseline average 27 per month			39	29	19	32						R

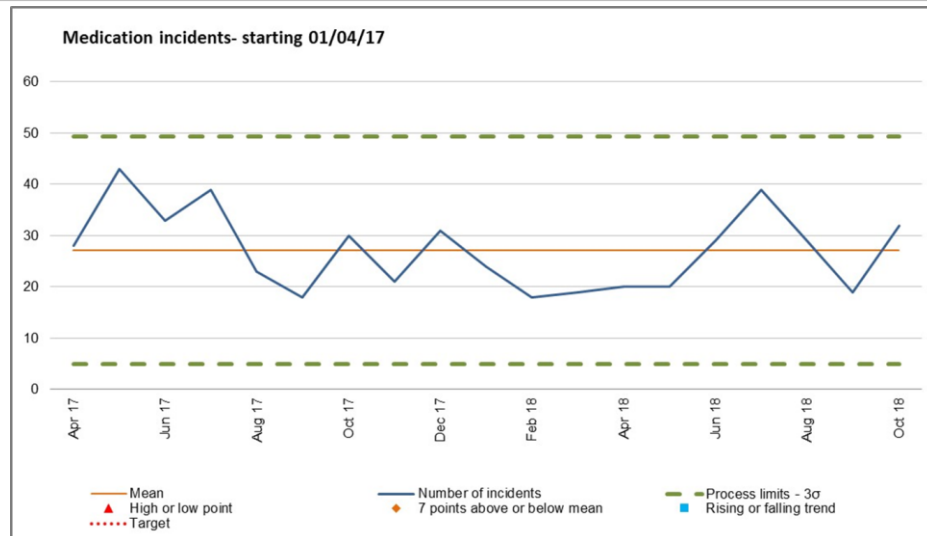
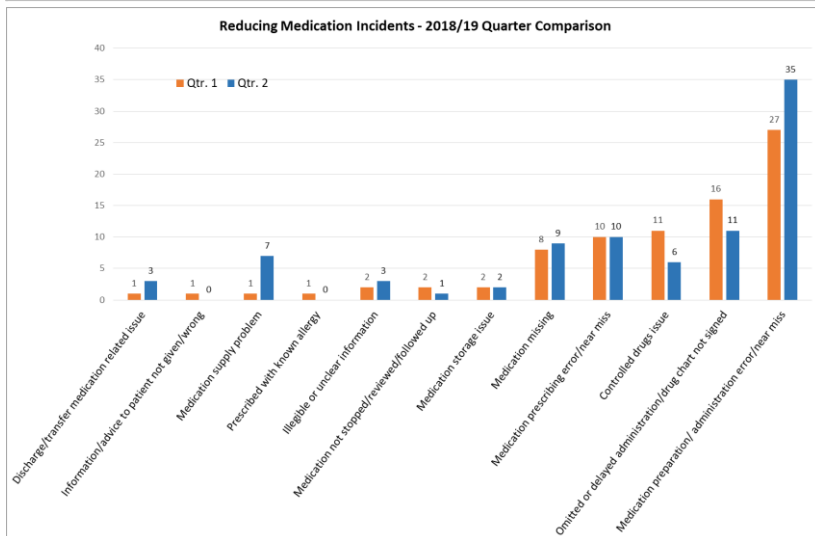
What actions have been taken to improve performance?

- Morphine and oxycodone are both strong opioids, scheduled 2 control drugs used in the management of pain.
- Morphine is well known having been around for many years
- Oxycodone is a newer drug that has an efficacy and side effect profile similar to morphine
- There have been some incidents over recent months involving morphine preparations being administered to patients when oxycodone has been prescribed and vice versa
- It was thought that this was due to practitioners not completing administration checks correctly
- Discussion with colleagues has highlighted that this may be due in part to practitioners incorrectly thinking that oxycodone is a brand of morphine
- A series of 'Opioid Newsletters' are planned to provide colleagues with important clinical information about these drugs

A new community insulin drug chart was introduced in July 2018 to reduce medication errors relating to lack of or unclear information on the drug chart. The charts were phased in gradually commencing 2nd July 2018.

For the period 1st July to 31st October 2018 1 incident relating to confusion around information on the drug chart was reported compared to 4 for the same period in 2017. We will continue to monitor the impact of the new chart on safe administration of insulin.

- The SPC chart below shows the number of incidents to be within control limits (normal variation).



QUALITY PRIORITY | ARE SERVICES SAFE?

7. Deteriorating Patient, Including Sepsis (Page 1 of 2)

7. Deteriorating Patient, Including Sepsis <i>Our aim will be to support and develop our clinical colleagues in the recognition and early identification of deteriorating patients to include sepsis and other life threatening conditions</i>		Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	YTD RAG
Deteriorating patient (Adult) awareness training for all patient facing staff		TBC	1,216												
All patients will have a National Early Warning Score (NEWS) score recorded on admission to community hospital or caseload															
Community Hospital % recorded	100%	15.3%	15.8%	12.3%	14.6%	15.8%	16.9%	10.6%							R
Number of Admissions		198	201	199	208	203	189	208							
ICT localities % recorded	100%	4.8%	5.1%	6.7%	8.5%	8.9%	7.9%	9.1%							R
Number of Referrals		4,626	5,033	4,721	4,831	4,695	3,928	4,740							
Rapid Response % recorded	100%	88.4%	88.3%	82.9%	81.0%	77.1%	77.4%	76.8%							R
Number of Referrals		308	291	318	341	327	333	332							
Evening & Night District Nursing % recorded	100%	0.9%	0.5%	0.8%	2.8%	0.9%	0.3%	1.1%							R
Number of Referrals		586	679	617	654	722	765	751							
IV Therapy % recorded	100%	94.2%	88.7%	93.5%	94.8%	90.0%	95.6%	97.5%							R
Number of Referrals		59	63	63	55	54	49	48							
Specialist Nursing % recorded	100%	0.7%	0.6%	0.7%	1.1%	2.4%	1.6%	1.5%							R
Number of Referrals		1,209	1,215	1,087	1,151	1,124	951	1,356							
MIUs % recorded	100%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%							R
Number of Attendances		6,232	7,386	7,603	7,941	7,017	6,494	6,278							

What actions have been taken to improve performance?

Improvements in early detection, escalation, treatment and reporting of deteriorating patients are a new quality and safety priority for the Trust this year. The National Early Warning Score (NEWS, and now updated NEWS2) is a shared common language to quickly identify deteriorating patients. This supports clinicians to quickly identify and communicate deterioration across acute, community and primary care settings. Early detection of deterioration can aid treatment of suspected sepsis and improve patient health outcomes.

Policy & awareness for clinical colleagues

- Milestone Achieved - The Adult Policy for the deteriorating patient has been completed, ratified and uploaded onto the intranet. Engagement is currently underway across patient facing services to promote awareness of deterioration and escalation principles.
- New Outcome Measure 1: Paediatric deteriorating patient review and agreement on the title of the policy (change from “adult” to “patient” deteriorating policy) PEWS – Paediatric Early Warning Score: Update review of current guidance completed and assembled., this has been reviewed at quality improvement group this month with an action agreed for additions to policy to be presented to the Clinical Reference Group for inclusion in the updated deteriorating patient policy. Awaiting feedback from this action at next QI meeting on the 15/11/18
- Baseline compliance audit for PEWS in MIU's on hold until NEWS baseline reported on.
- Outcome Measure 2:- Deteriorating Patient (Adult) awareness training for all patient facing staff: Update: Figures from January to October for awareness training : **1,216**. Following the correction of an issue with obtaining figures for level 1 training; updated figures have been requested on 13 November.

QUALITY PRIORITY | ARE SERVICES SAFE?

7. Deteriorating Patient, Including Sepsis (Page 2 of 2)

What actions have been taken to improve performance?

Policy & awareness for clinical colleagues (Cont'd)

- Outcome Measure 3 - All patients will have a NEWS score recorded on admission to community hospital or caseload as a baseline. **Update:** Final report Community Hospital NEWS audit showing an improvements across all measurements. The NEWS baseline audit completed for ICT localities, Rapid Response & MIU's are complete and awaiting reports. Evening & Night DN's to commence baseline audit. With the exception of IV therapy team, specialist nursing services do not calculate a NEWS score on admission to caseload; work on implementing commenced.
- Outcome measure 3 – Revised National Early Warning Score (NEWS2) upgrade - Patients assigned to scale 2 without medical review. Risk would be reduced by staged rollout accompanied by training support (already in place with Training and Development Sisters/Rapid Response). Introduction discussed with Head of Community Nursing, to be agreed by the Medical Director. SystmOne template built, NEWS2 paperwork finalised. Implementation agreed for Community Hospitals in November. Suggested implementation dates for ICT January 2019.

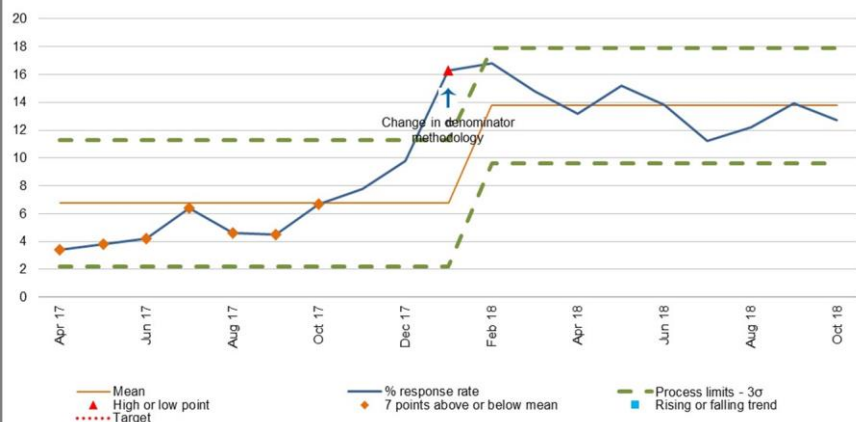
Sepsis

- Outcome Measure 4 – All patients who are identified as being at risk of SEPSIS (using NEWS/Sepsis risk stratification tool data from SystmOne) are managed/escalated appropriately on the sepsis pathway (see deteriorating patient policy). **Update:** Work to allocate read codes completed. Use of template agreed by Rapid Response and IV clinical leads and currently being used. Performance and Information team are reviewing the data from the template. **Update:** *compliance with the template low and have identified functionality issues with the template (now resolved)*. A refresh of the report is being undertaken during Qtr. 3.

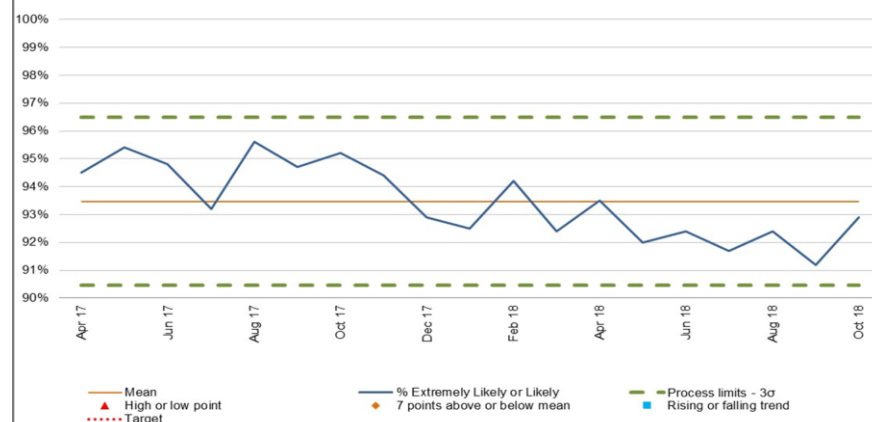
CQC DOMAIN - ARE SERVICES CARING?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	Exception Report?	Benchmarking Report Sep Figure
1	Friends and Family Test Response Rate	N - T	15%	8.3%	13.2%	15.2%	13.8%	11.2%	12.2%	13.9%	12.7%						13.2%		
2	% of respondents indicating 'extremely likely' or 'likely' to recommend service	N - R L - I	95%	94.2%	93.5%	92.0%	92.4%	91.7%	92.4%	91.2%	93.0%						92.3%		95.4%
3	Number of Compliments	L - R		924	75	76	91	100	113	119	165						739		
4	Number of Complaints	N - R		44	3	7	3	2	1	1	5						22		
5	Number of Concerns	L - R		391	43	37	52	50	43	45	46						316		

Friends and Family Test response rate- starting 01/04/17



% of FFT respondents Extremely Likely or Likely to recommend service- starting 01/04/17



Additional information related to performance

Friends and Family test - % of respondents indicating 'extremely likely' or 'likely' to recommend service

93% of all respondents in October indicated they are extremely likely or likely to recommend our services. An increase from 91.2% reported in September.

Please note there is no formal benchmark set for the expected level of extremely likely/likely response to the Friends and Family test, but the average from the NHS Benchmarking Network is 95.4%.

What actions have been taken to improve performance?

- The percentage of FFT respondents recommending our services has increased slightly in October following a steady reduction.
- We will see an improvement in response rates from MIU's due to a new methodology in collecting responses starting 1 December.
- We are currently exploring with the Performance team as to whether the recent decline in response rate can be attributed to any particular services and we will report on this detail in the New Year.
- We have however remained within the threshold set of above 90 percent for the year to date and the recent rise is encouraging.

SPC charts have also been created for Concerns, Complaints and Compliments. These charts show the following:

Concerns – increasing trend but within control limits

Complaints – within control limits

Compliments – rising trend, 2 points outside of control limits, Apr-17 – lowest point, and Oct-17 highest point. Compliments recording has improved now they can be recorded locally in Datix and this is seen since April 2018.

EXCEPTION REPORT | ARE SERVICES SAFE?

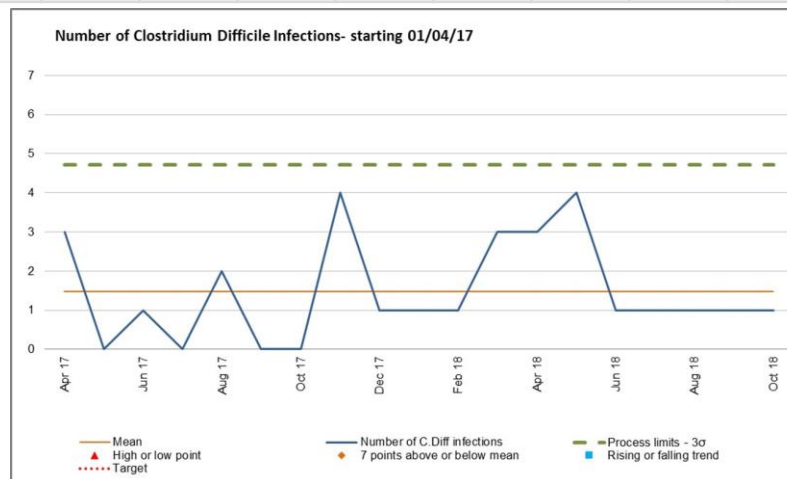
Infection Control (Page 1 of 2)

*In-month threshold (i.e. October)

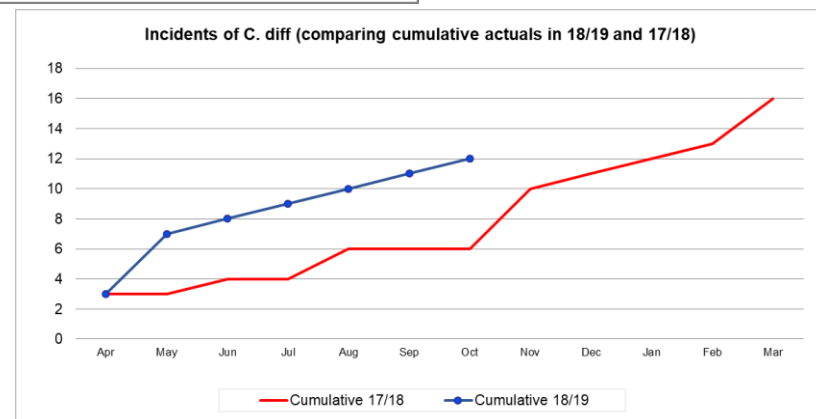
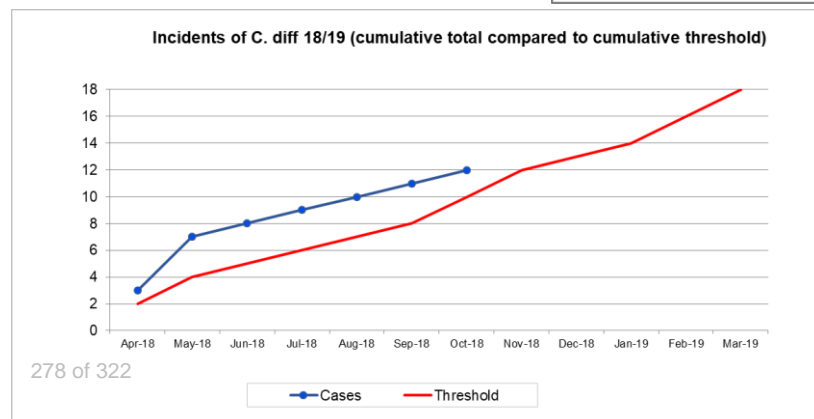
CQC DOMAIN - ARE SERVICES SAFE?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	Benchmarking Report Sep Figure
14	Number of post 48 hour Clostridium Difficile Infections	N - R L - C	2*	16	3	4	1	1	1	1	1						12	R	Y	
19	VTE Risk Assessment - % of inpatients with assessment completed	N - T	95%	95.0%	87.9%	93.0%	91.0%	94.3%	94.6%	91.5%	55.3%						86.6%	A	Y	

	2017/18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	2018/19
Clostridium Difficile Cases	16	3	4	1	1	1	1	1						12
Norovirus Outbreaks	9	0	1	0	0	0	0	0						1



SPC chart shows the number of Clostridium Difficile infections to be within control limits and therefore normal variation.



EXCEPTION REPORT | ARE SERVICES SAFE?

Infection Control (Page 2 of 2)

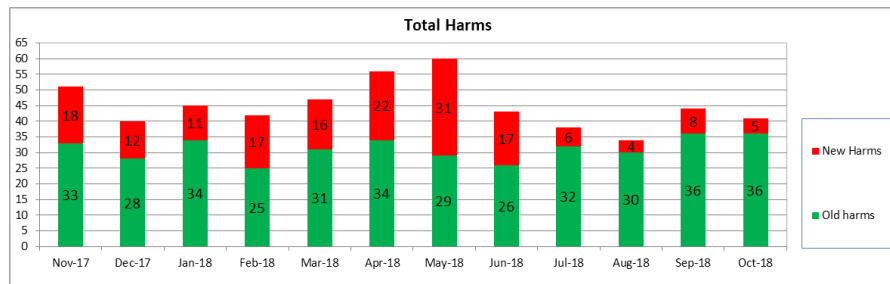
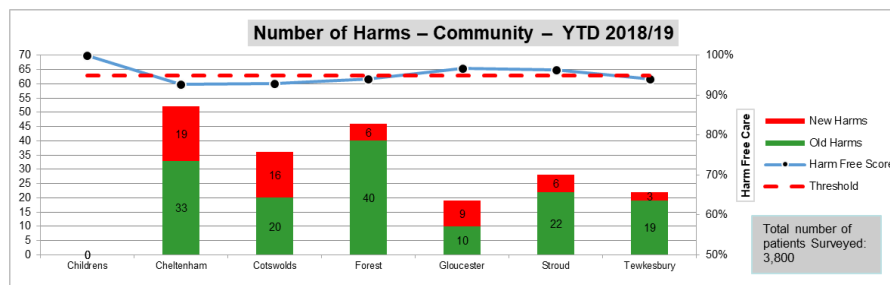
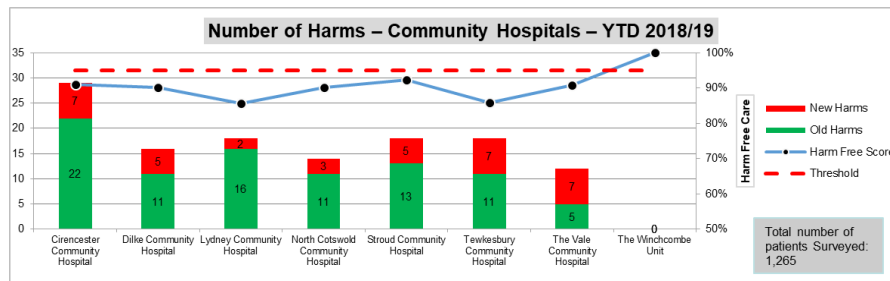
• Additional information related to performance	What actions have been taken to improve performance?
<p>There has been one C. difficile toxin positive case to report for October 2018:</p> <p>The patient was admitted from Gloucestershire Royal Hospital.</p> <p>The patient had a suspected urinary tract infection and antibiotics were prescribed and administered without a urine sample confirming an infection was present. The patient was also prescribed Co-Amoxiclav.</p> <p>Further investigation concluded the acquired c diff was unavoidable.</p>	<ul style="list-style-type: none"> • The patient was prescribed antibiotics as per Trust antibiotic prescribing guidelines BUT a countywide initiative to change the antibiotic prescribing has not yet been implemented by GCS. • A lapse in the quality of care was identified with this case at the CDI Assurance Panel.
<ul style="list-style-type: none"> • In the 'Number of Incidences of post 48 hour C.Difficile per 1,000 occupied bed days' measure, 15 of the 19 Trusts in the Network submitted figures for September. GCS submitted a rate of 0.19 per 1000 occupied bed days, 1 other Trust submitted the same reported rate. The remaining 14 Trusts submitted a rate of 0. • The 6 month average Benchmarking figure across all submissions by Trusts in the Network was 0.04 cases per 1,000 occupied bed days. For GCS the 6 month average is 0.33. 	
<p>VTE</p> <p>VTE risk assessment has not achieved the 95% threshold in any month in 2018/19. Performance was 55.3% in October compared to 91.5% in September.</p> <p>VTE risk assessment was discussed at the GCS Medical Forum with regard to the continued poor performance against the 95% target . It was suggested that instead of medical colleagues having to tick a box to say that the assessment had been completed, Read Codes on the VTE risk assessment template itself should be used to record the completion of the assessment, which it was believed would give a more accurate picture of compliance with VTE risk assessment.</p> <p>This change was introduced in October and we have seen a significant deterioration in compliance in this month and it is believed that this is largely attributed to this change rather than poor compliance with completing VTE risk assessments; for instance the doctors at Cirencester Hospital checked all their patients and all except two had completed VTE risk assessments However their compliance was recorded at only 40.5%. This is to be discussed at the GCS medical forum on 22nd November to identify a solution that will work for all medical colleagues and that colleagues in performance can report on accurately.</p>	

EXCEPTION REPORT | ARE SERVICES SAFE?

Safety Thermometer (Page 1 of 3)

CQC DOMAIN - ARE SERVICES SAFE?

		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	Benchmarking Report Sep Figure
20	Safety Thermometer - % Harm Free	N - R L - C	95%	94.1%	92.8%	91.9%	94.4%	94.9%	94.9%	93.8%	93.6%						93.7%	R	Y	
21	Safety Thermometer - % Harm Free (New Harms only)	L - I	98%	98.0%	97.2%	95.8%	97.8%	99.2%	99.4%	98.9%	99.2%						98.2%	A	Y	96.2%



Benchmarking

- In the 'Safety Thermometer – Percentage of 'Harm Free Care (New Harms Only)' measure, the Trust submitted a figure of 98.9% in September. The benchmarking figure is 96.2% for September.

Risks
Reference – 562
Rating – 12

Additional information related to performance

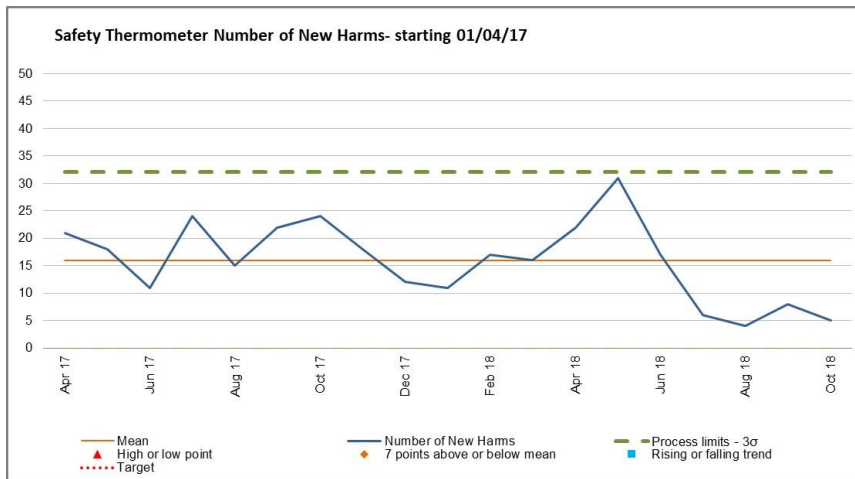
- 642 patient episodes of care were surveyed for the October Safety Thermometer census, out of which 601 patients' care were harm free. The Trust's Harm Free Care score was therefore **93.61%**, missing the target of 95% by 1.39%. 9 more harm free Patients would have achieved the 95% target. Based on new harms only, Harm Free Care in October was **99.22%** compared to an internal target of 98%.
- The Community Hospital inpatient harm free care performance was **90.50%** in October. Based on new harms only, the inpatient performance was **98.88%** in October.
- Community Nursing harm free care performance was **94.82%** in October. Based on new harms only, Community Nursing harm free care was **99.35%** in October.

41 harms were reported in October, of which 5 were new harms. In October, **0.78%** of all patients surveyed had a new harm. In 2017/18, 205 new harms were reported, representing 2.0% of all patients surveyed for safety thermometer in 2017/18.

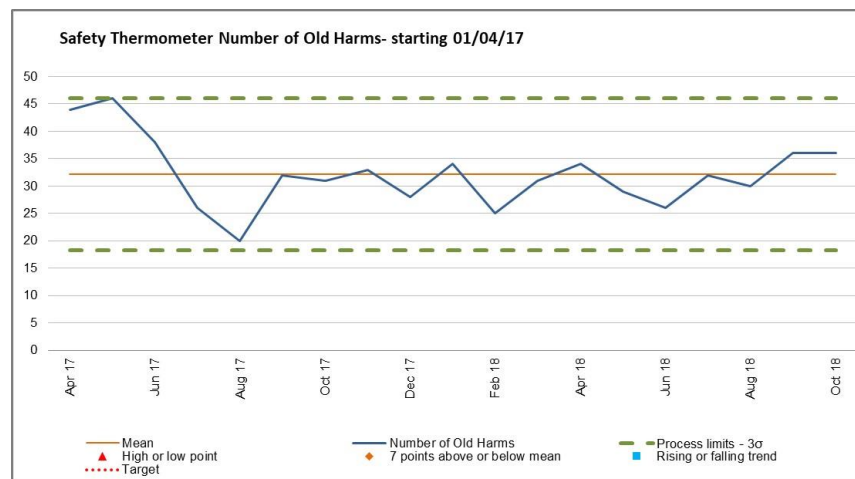
What actions have been taken to improve performance?

- Whilst performance for new harms is better than the national benchmark (see below) actions continue to improve performance. The Clinical Governance team (PaCE Directorate) are supporting operational services in the validation of harms for each census.
- Further exploratory work is being undertaken with the Performance team and PaCE to determine whether the census can be systemised/automated, taking in to account new national pressure ulcer read codes and classifications. The Trust is still awaiting new national guidance on safety thermometer categories which will inform this work.
- Pressure ulcers remain the main cause of old and new harms, however it should be noted the reduction of avoidable acquired pressure ulcers is significant and aligns with the good harm free scores when considering new harms only.
- The year to date data has conveyed some significant variance between sites which will be analysed.

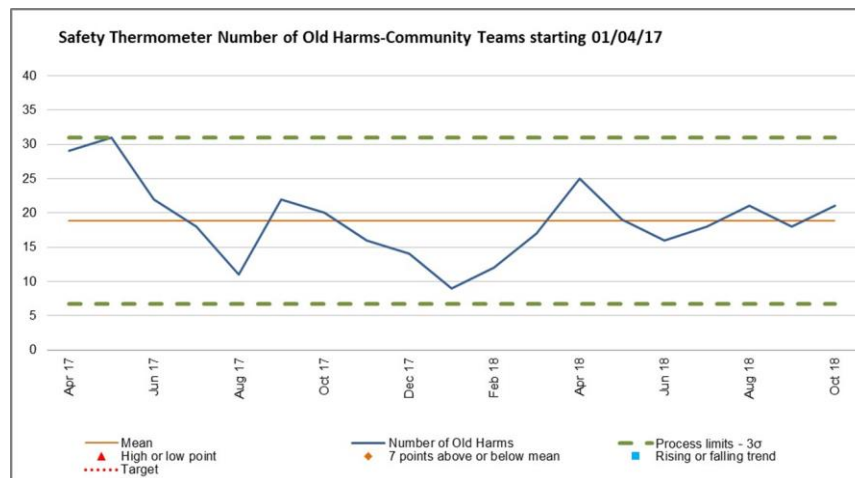
Safety Thermometer (Page 2 of 3)



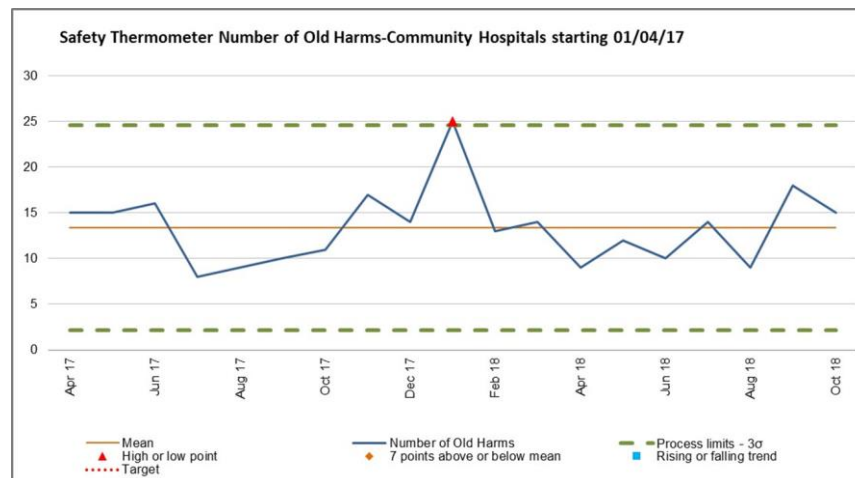
There has been a reduction in New Harms since a peak in May 2018, which was within control limits.



Old Harms on or close to mean since September 2017 and within control limits.



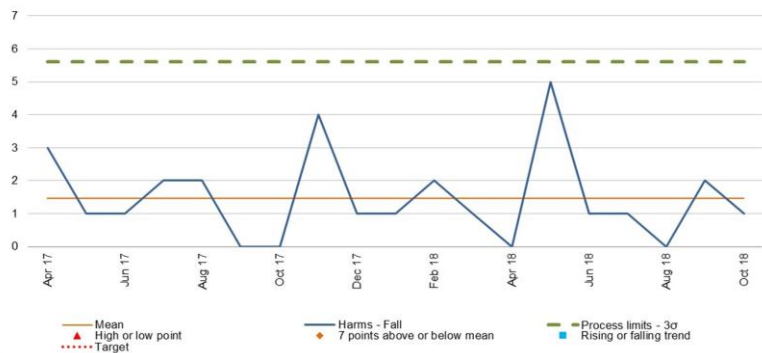
Trend increased from January 2018 to April 2018 and has since remained close to the mean and within control limits.



Peak in January 2018 appears to be an outlying point, old harms remain close to, or below mean subsequently.

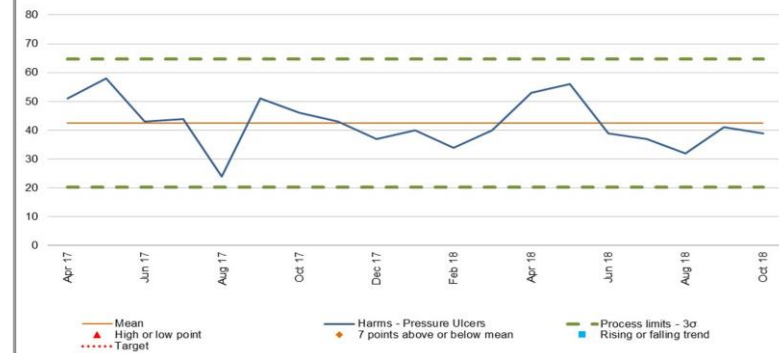
Safety Thermometer (Page 3 of 3)

Safety Thermometer Harms as a result of Fall- starting 01/04/17



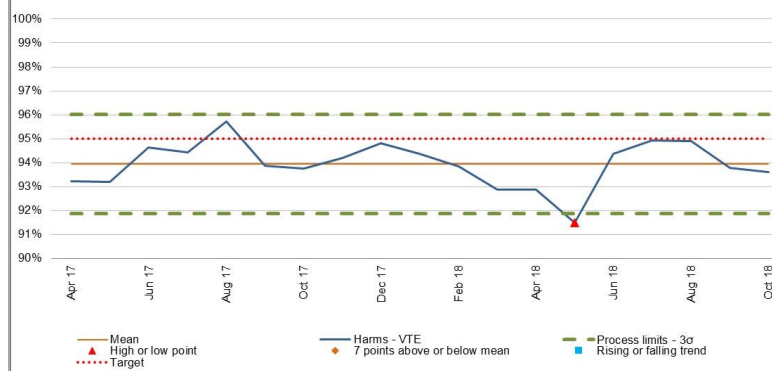
Harms as a result of Falls fluctuate above and below the mean – but remain within control limits and are very low numbers.

Safety Thermometer Harms as a result of Pressure Ulcers- starting 01/04/17



There has been a reducing trend over the period of harms that are Pressure Ulcers - remaining within control limits

Safety Thermometer Percentage Harm Free - starting 01/04/17

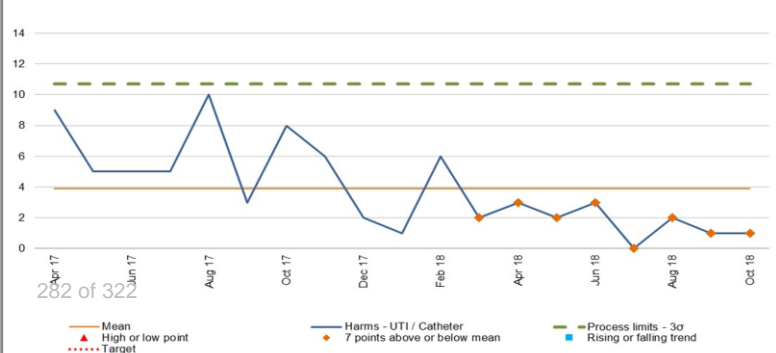


This illustrates performance compared to 95% target. The target is above the mean level of performance and target achieved once in the 19 months.

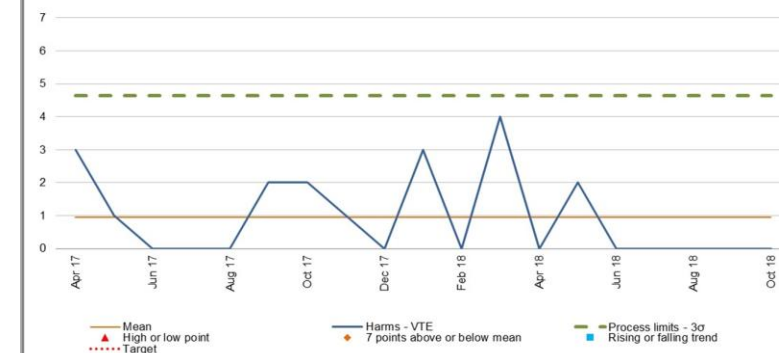
Harms as a result of UTI / Catheter show a steady reduction over the period with 8 consecutive months below the mean.

Harms as a result of VTE fluctuate above and below the mean – but remain within control limits and are very low numbers.

Safety Thermometer Harms as a result of UTI / Catheter- starting 01/04/17



Safety Thermometer Harms as a result of VTE- starting 01/04/17



EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

8 Week Referral to Treatment (RTT) Measures

CQC DOMAIN - ARE SERVICES RESPONSIVE?																				
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	Benchmarking Report Sep Figure
Referral to Treatment																				
39	Speech and Language Therapy - % treated within 8 Weeks	L - C	95%	84.4%	60.7%	59.5%	57.1%	59.8%	46.8%	50.8%	41.7%						53.2%	R	Y	
42	MSK Physiotherapy - % treated within 8 Weeks	L - C	95%	90.7%	91.4%	99.7%	85.7%	90.1%	89.5%	89.0%	93.1%						90.0%	R	Y	
43	ICT Physiotherapy - % treated within 8 Weeks	L - C	95%	85.0%	84.3%	84.5%	81.1%	79.6%	86.6%	80.3%	81.8%						82.5%	R	Y	
44	Occupational Therapy Services - % treated within 8 Weeks	L - C	95%	82.8%	77.4%	70.1%	76.8%	73.1%	69.3%	63.2%	69.6%						71.5%	R	Y	
45	Diabetes Nursing - % treated within 8 Weeks	L - C	95%	96.2%	94.5%	85.5%	97.6%	87.8%	90.7%	90.3%	97.6%						91.7%	A	Y	
52	Paediatric Physiotherapy - % treated within 8 Weeks	L - C	95%	99.0%	96.9%	99.1%	97.4%	93.2%	80.0%	88.5%	95.5%						92.9%	A	Y	

Referral to Treatment – comparison between local 8 week standard and 18 week target (October 2018)

	8 week RTT target	% seen within 8 weeks	R A G	Number seen within 8 weeks	Number seen above 8 weeks	18 week RTT target	% seen within 18 weeks	R A G	Number seen within 18 weeks	Number seen above 18 weeks	Median RTT in days
Speech and Language Therapy	95%	41.70%	R	43	103	92%	92.2%	G	95	8	64
MSK Physiotherapy	95%	93.10%	A	1651	123	92%	99.9%	G	1773	1	22
ICT Physiotherapy	95%	81.80%	R	350	78	92%	95.6%	G	409	19	19
Occupational Therapy Services	95%	69.60%	R	320	140	92%	95.4%	G	439	21	25.5
Diabetes Nursing	95%	97.6%	G	39	1	92%	100.0%	G	40	0	35
Paediatric Physiotherapy	95%	95.5%	G	319	15	92%	100.0%	G	334	0	5

Other Access measures not included in 8-week RTT table above

CQC DOMAIN - ARE SERVICES RESPONSIVE?																				
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	Benchmarking Report Sep Figure
56	MSKCAT Service - wait from referral for urgent patients to be seen not to exceed 2 weeks	L - C	95%	95.9%	84.6%	96.3%	97.6%	96.7%	28.6%	33.3%	20.8%						64.1%	R	Y	
57	Stroke ESD - Proportion of new patients assessed within 2 days of notification	L - C	95%	88.6%	65.2%	72.7%	44.4%	65.0%	66.6%	76.5%	100.0%						69.2%	R	Y	

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Additional information related to performance	What actions have been taken to improve performance?															
<p>Adult Speech and Language Therapy (95% to be treated within 8 weeks)</p> <ul style="list-style-type: none">Performance was 41.7% in October compared to 50.8% in September60 out of 103 patients were seen outside the 8 week threshold.Performance against the 18 week target was 92.2% (8 out of 103 patients were seen outside the 18 week threshold) <table><tr><th>Wait band</th><th>Patients</th><th>%</th></tr><tr><td>8-9</td><td>8</td><td>13.33%</td></tr><tr><td>9-10</td><td>6</td><td>10.00%</td></tr><tr><td>10-18</td><td>38</td><td>63.33%</td></tr><tr><td>18+</td><td>8</td><td>13.33%</td></tr></table>	Wait band	Patients	%	8-9	8	13.33%	9-10	6	10.00%	10-18	38	63.33%	18+	8	13.33%	<ul style="list-style-type: none">The SystmOne recording of GCS versus GHFT activity has been resolved, and GCS activity reported correctly in October. We are now reporting activity of 103 compared to a previous monthly average of 76.Staff time analysis shows we seem to be allocating 10% more resource to GHFT than planned, resulting in less resource for Community activity.Analysis to be undertaken of patients on the wait profile.New protocol for triage to be agreed.Process mapping of current has been completed and 'to be' is in draft.
Wait band	Patients	%														
8-9	8	13.33%														
9-10	6	10.00%														
10-18	38	63.33%														
18+	8	13.33%														
<p>MSK Physiotherapy (95% to be treated within 8 weeks)</p> <ul style="list-style-type: none">Performance was 93.1% in September compared to 89.0% in September123 out of 1,774 patients were seen outside the 8 week threshold.Performance against the 18 week target was 99.9% (1 out of 1,774 patients were seen outside the 18 week threshold) <table><tr><th>Wait band</th><th>Patients</th><th>%</th></tr><tr><td>8-9</td><td>61</td><td>49.59%</td></tr><tr><td>9-10</td><td>26</td><td>21.14%</td></tr><tr><td>10-18</td><td>35</td><td>28.46%</td></tr><tr><td>18+</td><td>1</td><td>0.81%</td></tr></table>	Wait band	Patients	%	8-9	61	49.59%	9-10	26	21.14%	10-18	35	28.46%	18+	1	0.81%	<ul style="list-style-type: none">MSK Physio saw over 250 more patients than the monthly average YTD in October, and we continue to sustain above average activity per month compared to last year.Initial demand and capacity modelling using the nationally designed tool suggest there is insufficient capacity to sustain performance at the current demand level.We are now breaking the demand and capacity analysis down by locality and speciality to see if there are internal local variances before potentially making a case for investment, this will be completed in November.
Wait band	Patients	%														
8-9	61	49.59%														
9-10	26	21.14%														
10-18	35	28.46%														
18+	1	0.81%														
<p>Adult ICT Physiotherapy (95% to be treated within 8 weeks)</p> <ul style="list-style-type: none">Performance was 81.8% in October, compared to 80.3% in September78 out of 428 patients were seen outside the 8 week threshold.Performance against the 18 week target was 95.6% (19 out of 428 patients were seen outside the 18 week threshold) <table><tr><th>Wait band</th><th>Patients</th><th>%</th></tr><tr><td>8-9</td><td>12</td><td>15.38%</td></tr><tr><td>9-10</td><td>11</td><td>14.10%</td></tr><tr><td>10-18</td><td>36</td><td>46.15%</td></tr><tr><td>18+</td><td>19</td><td>24.36%</td></tr></table>	Wait band	Patients	%	8-9	12	15.38%	9-10	11	14.10%	10-18	36	46.15%	18+	19	24.36%	<ul style="list-style-type: none">After a slight dip in activity in Aug/Sep numbers have returned to pre-summer levels.The level of performance and causes are different across the localities however there is common thread in the difficulties of filling vacancies particularly at Band 5.Work is underway with the Professional Head of Physiotherapy to support recruitment including refreshed rotational opportunities.From the assessment of capacity and demand that there are significant differences across the localities. There is potential of more funded capacity than demand in some areas however at this point in time taking into account the unfilled vacancies capacity is slightly less than demand.
Wait band	Patients	%														
8-9	12	15.38%														
9-10	11	14.10%														
10-18	36	46.15%														
18+	19	24.36%														
<p>MSKCAT Service - wait from referral for urgent patients to be seen not to exceed 2 weeks</p> <ul style="list-style-type: none">The MSKCAT service has made the transition to using the ERS system to record referrals. The target has not been met since this change.Performance was 20.8% in October compared to 33.3% in September.	<ul style="list-style-type: none">The new system (ERS) mandated for use has no way to report patient choice to delay treatment therefore there are no breach options available.We are working through whether the performance is due to capacity or patient choice.															

EXCEPTION REPORT | ARE SERVICES RESPONSIVE?

Additional information related to performance	What actions have been taken to improve performance?															
<p>Adult ICT Occupational Therapy (95% to be treated within 8 weeks)</p> <ul style="list-style-type: none">Performance was 69.6% in October compared to 63.2% in September140 out of 460 patients were seen outside the 8 week threshold.Performance against the 18 week target was 95.4% (21 out of 460 patients seen outside the 18 week threshold).Profile of breaches in October (number and percentage): <table><tr><th>Wait band</th><th>Patients</th><th>%</th></tr><tr><td>8-9</td><td>19</td><td>13.57%</td></tr><tr><td>9-10</td><td>16</td><td>11.43%</td></tr><tr><td>10-18</td><td>84</td><td>60.00%</td></tr><tr><td>18+</td><td>21</td><td>15.00%</td></tr></table>	Wait band	Patients	%	8-9	19	13.57%	9-10	16	11.43%	10-18	84	60.00%	18+	21	15.00%	<ul style="list-style-type: none">We continue to deliver the new OT model following the OT review.The decrease in staff numbers means we have reduced capacity in service, and while there are opportunities to increase productivity while the service is in a state of transition, it remains highly unlikely we will meet the KPI. E.g. When a member of staff leaves their current caseload has to be redistributed to remaining staff, which affects the capacity to then take new referrals as well.
Wait band	Patients	%														
8-9	19	13.57%														
9-10	16	11.43%														
10-18	84	60.00%														
18+	21	15.00%														
<p>Diabetes Nursing service (95% to be treated within 8 weeks)</p> <ul style="list-style-type: none">Performance was 97.5% in October compared to 90.3% in September.3 out of 39 patients were seen outside the 8 week threshold.Performance against the 18 week target is 100%.Profile of breaches in October (number and percentage): <table><tr><th>Wait band</th><th>Patients</th><th>%</th></tr><tr><td>8-9</td><td>2</td><td>40.00%</td></tr><tr><td>9-10</td><td>1</td><td>20.00%</td></tr><tr><td>10-18</td><td>2</td><td>40.00%</td></tr><tr><td>18+</td><td>0</td><td>0.00%</td></tr></table>	Wait band	Patients	%	8-9	2	40.00%	9-10	1	20.00%	10-18	2	40.00%	18+	0	0.00%	<ul style="list-style-type: none">The new dietetics staff are now trained and in post and the service has met its KPI in October.
Wait band	Patients	%														
8-9	2	40.00%														
9-10	1	20.00%														
10-18	2	40.00%														
18+	0	0.00%														
<p>Paediatric Physiotherapy (95% to be treated within 8 weeks)</p> <ul style="list-style-type: none">Performance was 95.5% in October compared to 88.5% in September.15 out of 334 patients were seen outside the 8 week threshold.Performance against the 18 week target is 100%.Profile of breaches in October (number and percentage): <table><tr><th>Wait band</th><th>Patients</th><th>%</th></tr><tr><td>8-9</td><td>4</td><td>26.67%</td></tr><tr><td>9-10</td><td>3</td><td>20.00%</td></tr><tr><td>10-18</td><td>8</td><td>53.33%</td></tr><tr><td>18+</td><td>0</td><td>0.00%</td></tr></table>	Wait band	Patients	%	8-9	4	26.67%	9-10	3	20.00%	10-18	8	53.33%	18+	0	0.00%	<ul style="list-style-type: none">The waiting list initiatives have been successful and the service met its KPI in October.
Wait band	Patients	%														
8-9	4	26.67%														
9-10	3	20.00%														
10-18	8	53.33%														
18+	0	0.00%														
<p>Stroke ESD (95% of new patients assessed within 2 days of notification)</p> <ul style="list-style-type: none">The reported performance in October was 100% compared to 76.5% in September, with a YTD figure of 69.2%.	<ul style="list-style-type: none">The SystmOne recording issue for clock starts has now been resolved and the service has met its KPI in October.															

285 of 32

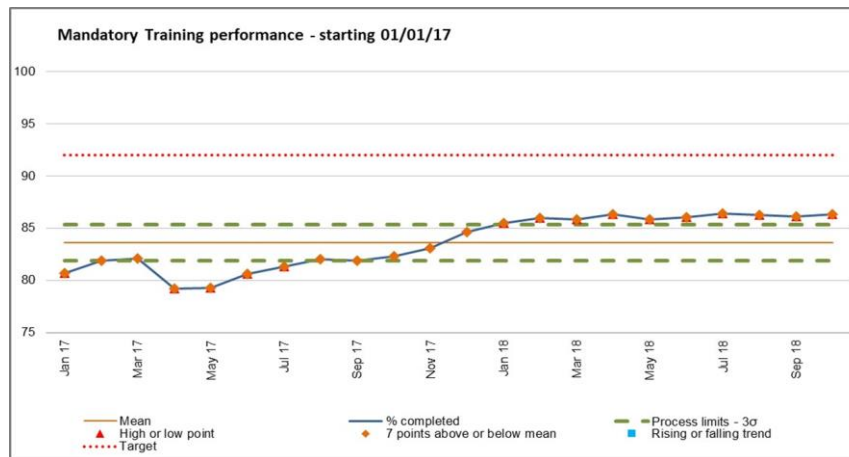
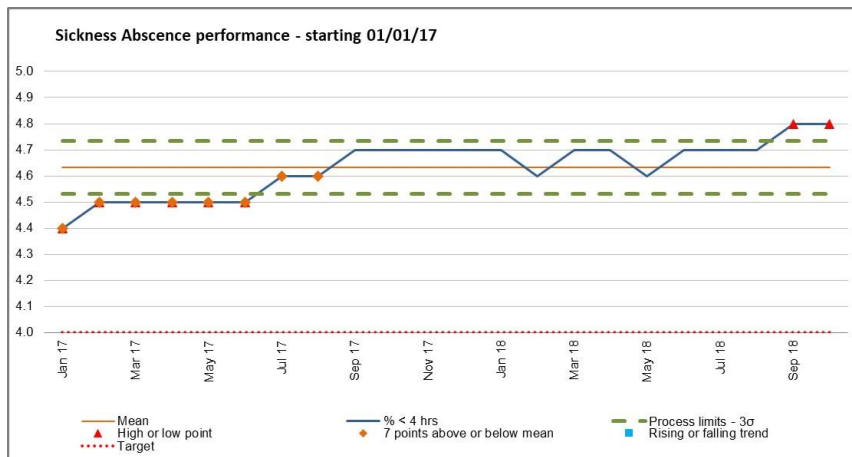
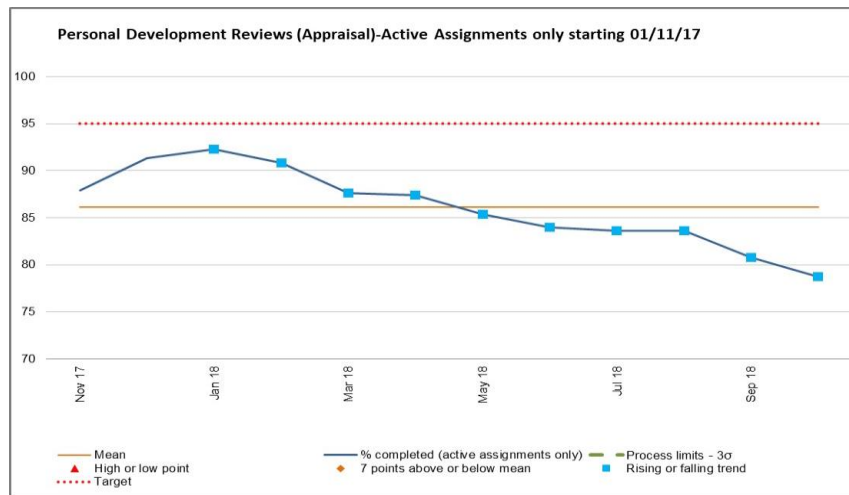
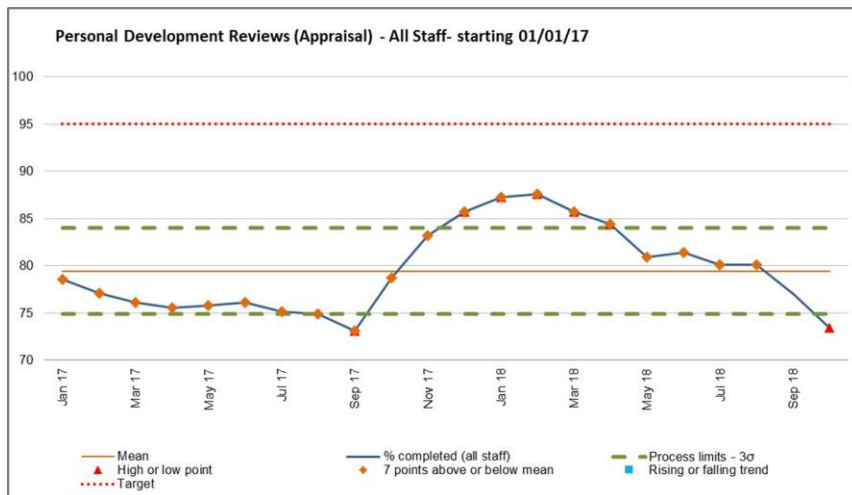
EXCEPTION REPORT | ARE SERVICES WELL LED?

Workforce / HR (Page 1 of 4)

CQC DOMAIN - ARE SERVICES WELL LED?																				
		Reporting Level	Threshold	2017/18 Outturn	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2018/19 YTD	R A G	Exception Report?	Benchmarking Report Sep Figure
66	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place of work	N - R L - T	61%	53.3%			63.0%			58.5%								A	Y	
67	Staff Friends and Family Test - Percentage of staff who would recommend the Trust as a place to receive treatment	N - R L - T	67%	83.0%			88.0%			88.5%								G		
68	Mandatory Training	L - I	92%	82.63%	86.30%	85.80%	86.02%	86.39%	86.24%	86.10%	86.32%						86.17%	A	Y	88.7%
69	% of Staff with completed Personal Development Reviews (Appraisal)	L - I	95%	79.91%	84.40%	80.94%	81.41%	80.09%	80.09%	77.03%	73.45%						79.63%	R	Y	85.2%
69a	% of Staff with completed Personal Development Reviews (Appraisal) Active Assignments Only	L - I	95%	N/A	87.40%	85.40%	84.00%	83.63%	83.60%	80.79%	78.71%						83.36%	R	Y	
70	Sickness absence average % rolling rate - 12 months	L - I	<4%	4.63%	4.7%	4.6%	4.7%	4.7%	4.7%	4.8%	4.8%						4.7%	A	Y	4.6%

Additional information related to performance	What actions have been taken to improve performance?
<p>Staff FFT In Qtr. 2 of 2018/19, 58.5% of staff would recommend the Trust as a place to work (target is 61%) and 88.5% would recommend the Trust as a place to receive treatment (target is 67%).</p> <div> <div>Risks (Recruitment/ Retention) Reference – 609 Rating – 16</div> <div>Risks (Staff FFT) Reference – 622 Rating – 12</div> </div>	<ul style="list-style-type: none"> Workforce and OD is overseeing action plans which align to the wider resources Organisational Development agenda. <p>Plans:</p> <ul style="list-style-type: none"> Launch e-learning at the beginning of November, available to all colleagues across both Trusts, on BUILD – Giving Constructive Feedback (launched during Values week). Launch further cohorts through the ICS Leadership development, Culture, Values and Behaviours group for the 5 elements for successful leadership programme. The Transition Programme board OD and culture project group to lead on developing and embedding appropriate culture and develop the processes and resources to support colleagues through the merger process and beyond. Continue to work with the Head of Communications and Deputy Director of HR on wider colleague engagement activities.
<p>Staff with completed Personal Development Reviews (PDRs) 73.45% of Personal Development Reviews were completed by the end of October 2018, a decrease from 77.03% in September. For active assignments, performance was 78.71% in October, comparable to the Active Assignments performance of 80.79% in September.</p> <div>Risks (PDR) Reference – 643 Rating – 9</div>	<ul style="list-style-type: none"> The Trust is working with colleagues to proactively monitor both their own training and PDR compliance levels with through Electronic Staff Record (ESR). Self-service functionality has been launched to allow managers to submit details of completed PDRs via ESR. An action plan is being developed, led by the Joint Director of HR. A Improving compliance in Ops for PDR's & Stat/Man Training task and finish group has been set up to lead on priority activities. Weekly Appraisal and Mandatory training data is now available via the Trust's Business Intelligence Tool BIRTIE

Workforce / HR – SPC Charts (Page 2 of 4)



The SPC charts for workforce reporting show that for all measures performance is not at target level as indicated on previous slides.

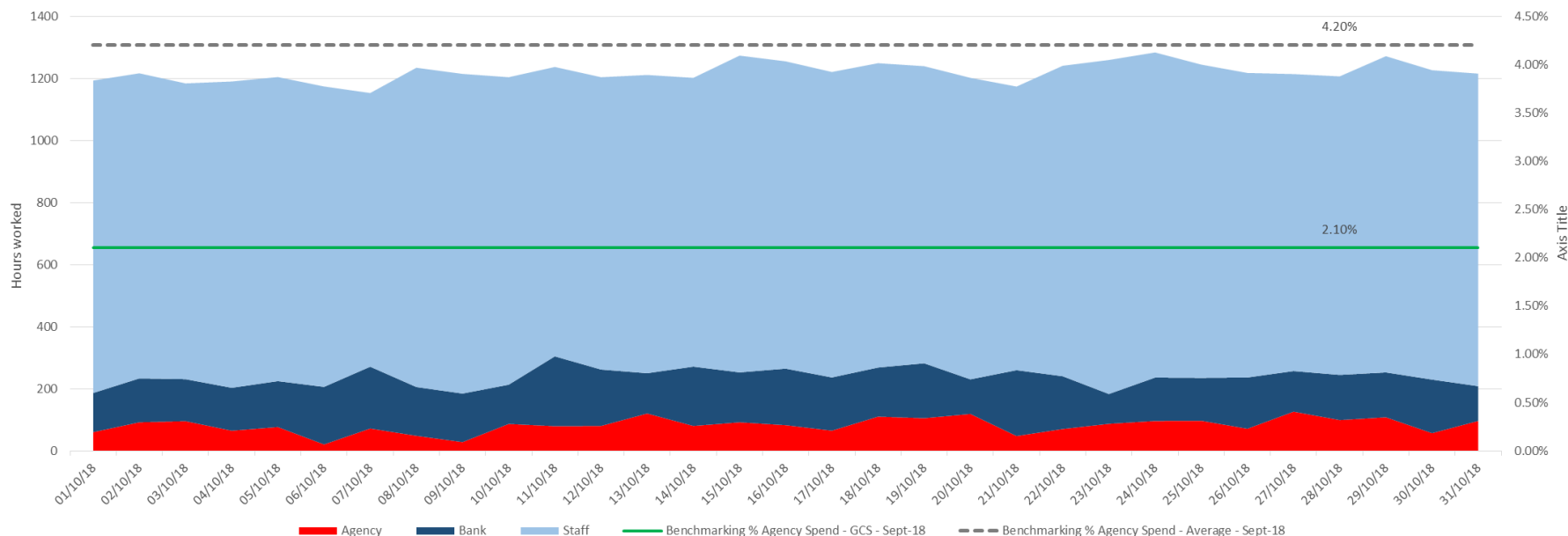
- Personal Development reviews show a downward trend since peak at February 2018 (87.6%). October 2018 point has fallen below the lower control limit (73.45%) to the lowest level since September 2017. Active assignments only also show a downward trend.
- Sickness absence shows an increasing trend with two points now above the upper control limit and much of 2018/19 above the mean.
- Mandatory training is showing a sustained and gradual increase in performance however remains below target.

Additional information related to performance	What actions have been taken to improve performance?
<p>Sickness absence The rolling 12 months performance was 4.79% in October, above target of <4.0%, and a slight increase from September.</p> <p>Benchmarking In the 'Sickness absence rate (Short and Long Term)' measure, the Trust submitted a figure of 4.8% in September. The benchmarking figure is 4.6% for September.</p> <div data-bbox="376 548 626 634"> <p>Risks (Staff Sickness) Reference – 633 Rating – 12</p> </div>	<ul style="list-style-type: none"> • This remains a priority for the Executive and operations teams. A variety of initiatives are being explored to assist teams with reducing sickness absence rates. • Actions taken to date include review of policy, guidance and letter templates and workshops offered by HR, dedicated HR support in Community Hospitals and ICTs, • Discussion at the Performance and Finance meetings and an HR business partner model implemented to offer consistency and local intelligence for each area. • Review of actions above to be completed to assess the impact on sickness levels. • Health and Well Being agenda adopted by the Trust to promote healthy lifestyles. • Employee assistance programmes include Care First and Working Well. • In house fast track musculoskeletal service in place. • Introduction of business intelligence on ESR for all managers to review workforce metrics. • Rostering system in all areas to assist with record keeping. • Flu vaccination programme is due to commence and peer vaccinators have been identified and trained to assist the roll out of the Trust's Flue Vaccination offer.
<p>Mandatory Training</p> <p>Average October performance was 86.32% with 7 measures above the 92% target:</p> <p>11 out of 21 measures have increased in performance in October compared to September, although not all are above the 92% target.</p> <div data-bbox="277 882 626 968"> <p>Risks (Mandatory training) Reference – 634 Rating – 9</p> </div> <div data-bbox="277 982 626 1089"> <p>Risks (Mandatory training Compliance - CQC) Reference – 858 Rating – 9</p> </div>	<ul style="list-style-type: none"> • Training review dates are sent to heads of service monthly to inform and support release of necessary capacity to allow colleagues to undertake training. • Action plans for every subject area below 92% can be informed by the monthly report that is now sent. Updated are presented to the Workforce Education and development group. • Executive oversight has increased for Resuscitation, Moving and Handling, Information Governance Mandatory training, with a weekly update on compliance. • The Learning and Development Team have reviewed capacity and sessions have been scheduled for all of 2019. • Facilitated E-Learning Workshops are delivered around the county in seven locations to support learners with IT, ESR and learning issues in their place of work. • There is a potential risk that Moving and Handling compliance will reduce further as a result of the relocation of training facilities from the Independent Living Centre (ILC) in Cheltenham to Cirencester Hospital. Plans are being developed to mitigate for this and move the compliance to 92%. • September 2018 data shows a marginal increase across 12 of 21 subjects. However overall compliance remains below the Trust's target rate of 92%. • Weekly Mandatory training data is now available via the Trust's Business Intelligence Tool BIRTIE • Due to temporary access issues identified with BIRTIE – To mitigate risks All Budget holders have been sent a mandatory training compliance report in November 2018 in order to support operational management of compliance.

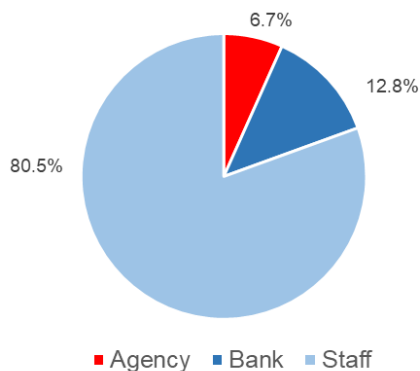
EXCEPTION REPORT | ARE SERVICES WELL LED?

Workforce / HR – Community Hospital Bank / Agency Usage (Page 4 of 4)

Trust wide - Daily proportion of total hours worked by all staff types with most recent National Benchmarking Percentage Agency Spend
Actual period: 1st October to 31 October 2018



Proportion of Staff Types for October 2018



- The graphs are based on data for **October 2018** showing the proportion of hours that are filled by bank or agency staff.
- The data is taken from rota information in E-Roster.
- Other information made available to the Trust on a monthly basis includes:
 - Reasons for agency usage
 - Which agencies have been used
 - Agency usage as a percentage of total hours worked, by Hospital ward
 - Of Bank hours, percentages of HCA or RCN
- Workforce definitions:
 - Agency means staff sourced from a private agency with associated cost
 - Bank means sourced through the Trust's internal bank staff
 - Staff means staff directly contracted to Trust and in the establishment of that hospital/ward

Benchmarking

- The latest benchmarking data available in the '% Spend on Agency Staff' measure, shows the Trust submitted a figure of 2.1% in September compared to a benchmark of 4.2%.

APPENDIX 1 – DEFINITIONS

Dashboard Key:

N - T	National measure/standard with target
N - R	Nationally reported measure but without a formal target
L – C	Locally contracted measure (target/threshold agreed with GCCG)
L – I	Locally agreed measure for the Trust (internal target)
L – R	Locally reported (no target/threshold) agreed
N – R/L – T	A measure that is treated differently at a national and local level, e.g. nationally reported but also has a locally set target

Report Content:

- The report is constructed on an exception basis, i.e. narrative and improvement actions will only be given against measures that are missing the agreed target.
- Performance against all measures are shown in the Performance Dashboard on pages 4-6; those that are included in the report are indicated by a 'Y' in the 'Exception Report?' column. This will happen under the following circumstances:
 - Current reporting month is red
 - Current and previous consecutive reporting months are amber
 - YTD is amber or red regardless of current reporting month performance

Trust Board

Date of Meeting: 28th November 2018

Report Title: Resources Committee Report

Agenda reference number:	13/1118
Accountable Executive Director: (AED)	Sandra Betney, Director of Finance Neil Savage Joint Interim Director HR
Presenter: (if not AED)	Graham Russell, Non-Executive Director
Author(s):	
Board action required:	Note
Previously considered by:	Not Applicable
Appendices:	Committee Terms of Reference

Executive Summary

This report provides assurance to the Trust Board that the Resources Committee is discharging its responsibility for oversight of the Trust's resources, including on behalf of the Board.

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.
- Progress made against the Trust's operating plan (including finance, workforce, estates and business development).
- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

Recommendations

The Board are asked to **NOTE** the update from the Committee and **APPROVE** the Committee Terms of Reference.

Related Trust Objectives	1,2,3,4,5
Risk Implications	Risk issues are clearly identified within the report
Quality/Equality Impact Assessment (QEIA) Requirements and Implications	No equality implications identified
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Resources Committee Report

1 Introduction and Purpose

This report provides assurance to the Trust Board that the Resources Committee is discharging its responsibility for oversight of the Trust's resources on behalf of the Board. The proposed Terms of Reference were reviewed, updated and attached for final approval by the Board.

2 Issues Considered by the Committee

The Resources Committee met on 30th October 2018. This was the inaugural meeting of the Committee which subsumes the Workforce and OD and Finance Committee to enable greater triangulation and review of data and to make best use of Board and colleague time.

Key aspects considered included a strategic review of Recruitment and Retention, an update on the Development Process for the Operating Plan, Cheltenham locality estates issues, the Month 6 Finance Report; business development, reference costs and workforce scorecard.

2.1 Recruitment and Retention

The Committee considered current key workforce metrics and actions taken to date to try to improve performance. The national and local challenges, which impacted on the Trust were considered. It was recognised that GCS operated in a more competitive market for a number of its key colleague cohorts that 2gether, but it was also agreed that progressing on going work with 2gether and NHSI would be of benefit. It was agreed that a greater focus on identifying why colleagues leave the Trust would be helpful.

The Committee agreed that the Recruitment and Retention Strategy priorities should be brought back to the next meeting of the Committee.

The Committee's consideration of workforce metrics has led to the establishment of a workshop for a number of Executive and Non-Executive Directors to enable more detailed consideration of the agreement of a way forward to target areas where progress has been particularly challenging.

2.2 Draft Operating Plan

The Committee was updated that guidance was awaited from NHSI, this was expected to be available in December. The Trust had commenced planning in readiness for the guidance. It was noted that the Trust would also be involved in the submission of the consolidated Integrated Care System submission. It was noted that confirmation on Provider Sustainability Funding for Community Trusts was awaited.

2.3 Cheltenham Locality Estates Proposal

The Committee considered and approved a detailed proposal to be taken forward to secure a Cheltenham Locality Base which would meet the needs of service users and colleagues. Further detail on this is set out within the Chief Executive and Executive Team's Report.

2.4 Month 6 Finance Report

The Committee noted that:

- Year to date surplus, including PSF, is on plan at £1.34m.
- Capital spend to date is £335k compared to plan of £5.19m.
- Cash at the end of Month 6 is £16.5m compared to plan of £11.1m.
- YTD agency spend is £856k compared to a plan figure of £1.12m

Single Operating Framework indicators are predominantly green.

The Committee was assured by performance to date and that Cost Improvement Plans continued to be actively managed.

It was agreed that to support future triangulation that workforce data would be added to the report.

2.5 Reference Costs

The Committee was pleased that the latest Reference Cost data indicated that the Trust was operating efficiently. It was confirmed that areas of positive and negative variation would be considered in more detail by management to ensure services were being appropriately resourced. It was noted that the Trust continued to work on patient level costing which would provide additional important data to inform operation. It was confirmed that Reference Costs were included as one of the elements which informed Cost Improvement Planning and also service redesign and pathway planning.

2.6 Business Development Update

The Committee considered the proposed service developments regarding a variety of business opportunities and noted the report.

2.2 Conclusion

The Committee also reviewed a range of summary reports from Steering Groups across the Trust and remains assured on financial matters and has agreed an approach relating to workforce metrics which continue to be challenging for the Trust.

3. Confirmation of decisions made by the Committee in line with Scheme of Delegation

None.

4. Conclusion and recommendations

The Board are asked to **NOTE** the update from the Committee.

This page has been left blank

Resources Committee

TERMS OF REFERENCE

1.	Purpose
1.1	The Resources Committee will be responsible for providing the Trust Board with in-year assurance concerning the development and delivery of the Trust's Annual Plan.
1.2	The Resources Committee will also be responsible for making recommendations to the Trust Board in respect of business development opportunities, in addition to business cases that require capital investment.
1.3	<p>The Resources Committee will ensure relevant Strategies are in place, ensuring the Trust has an appropriate:</p> <ul style="list-style-type: none"> • Workforce Strategy • Finance Strategy • Estates Strategy • IM&T (Information Management and Technology) Strategy • Communication and Engagement Strategy <p>Maintain robust oversight of the implementation of the strategies and where performance or activities are not in line with proposed timescales or budgets, oversee the development and discharge of action plans to ensure improvement.</p>
1.4	The Resources Committee will undertake high-level, exception based monitoring of the delivery of workforce and financial performance to ensure that the Trust is operating in line with its annual plan objectives and, where not, satisfy itself that action appropriate action is being taken by Executive Directors;
2.	Membership
	<p>Four Non-Executive Directors, one of whom will be appointed Chair (the Chair may not be the same person as the Chair of the Audit and Assurance Committee)</p> <p>Director of Finance & Director HR & OD (Executive Leads)</p> <p>Chief Operating Officer</p> <p>Director of Nursing</p> <p><u>In attendance:</u></p> <p>Deputy Director HR</p> <p>Deputy Director of Finance</p> <p>Head of Organisational Development & Improvement</p> <p>Trust Secretary/Deputy Trust Secretary</p>
	<p>Other Officers of the Trust may attend at the discretion of the Committee Chair.</p> <p>Any other Trust Board Member may attend the meetings and will count towards the quorum.</p>
3.	Quorum
	Four members, at least two of whom should be Non-Executive Directors and two should be Executive Directors.
4.	Reporting Arrangements
4.1	The Resources Committee will update each routine Trust Board meeting on its activity, highlighting decisions made, issues being progressed and issues requiring further

	consideration or decision by the Trust Board.
4.2	The Committee will provide an annual statement to the Trust Board.
4.3	The Committee will highlight any key issues or concerns to the Audit and Risk Assurance Committee or the Quality and Performance Committee which require consideration by one or both of these committees.
5.	Powers
5.1	The Trust's Standing Orders, Standing Financial Instruction, Scheme of Reservation and Scheme of Delegation shall apply to the Resources Committee.
5.2	The Committee is authorised to establish sub-groups, to which it can delegate specific tasks or functions, whose activities it will monitor through the groups minutes or reports depending on the tasks or functions undertaken. The Committee will approve the terms of reference of the sub groups.
6.	Responsibilities
6.1	<p><u>Annual Plan Delivery and Future Development</u></p> <p>To oversee the Trust's business planning process and agree principles and approach for internal budget setting and the development of directorate business plans, including workforce plans, linked to the Trust's Corporate Objectives.</p> <p>To review the Trust's Annual Plan, including medium and long term plans required by NHS Improvement, to confirm that the financial plan supports the Trust's wider clinical services strategy; to scrutinise assumptions underpinning the financial modelling and advise the Board of Directors accordingly.</p> <p>To take an overview of the Trust's performance against financial and performance objectives ensuring that resources are being appropriately managed to deliver effective and efficient services, receiving advice regarding remedial action being taken as necessary by the Executive Team and ensure regular reports are provided to the Board of Directors.</p> <p>Assure that the Trust's Cost Improvement Programme (CIP), CQUIN (Commissioning Quality and Innovation) and QIPP (Quality Innovation, Productivity and Prevention) Schemes are delivering to time and budget, and therefore that all necessary efficiencies are being achieved and reflected within financial reports.</p> <p>To monitor key financial ratios against current and strategic plans, particularly those required to be achieved by NHS Improvement, and agree any appropriate action.</p> <p>To monitor Trust Reference Costs and report any significant implications from variances against national averages or historical trends to the Board of Directors.</p> <p>To oversee the development and implementation of a Trust marketing strategy and routinely consider market share analysis reports and business development opportunities and assess any identified business risks.</p> <p>To confirm that the Trust manages its asset base efficiently and effectively and to confirm capital projects of significant value, whether related to property or other assets, are properly identified, managed and controlled. This definition relates equally to both the acquisition of assets and to their disposal.</p>

<p>6.2</p>	<p><u>HR and Workforce</u></p> <p>To review the Trust's Human Resources Strategy, its further development and implementation, its links to clinical service and financial strategies and ensure it supports the delivery of efficient and effective healthcare and meets all legislative duties and national targets.</p> <p>To take a strategic view of the Trust's workforce plans to ensure that they are robust and support the delivery of the Trust's financial and clinical objectives.</p> <p>To take a strategic view of the Trust's organisational development and leadership plans, ensuring they support the development of the Trust's workforce strategy.</p> <p>To seek assurance that Equality, Diversity and Inclusion are embedded in the Trust's ways of working.</p> <p>To seek assurance that the Trust's HR Strategy and function is operating effectively, ensuring that it is developing and routinely reviewing appropriate HR performance indicators and benchmarks to report to the Board of Directors. To receive exception performance reports, with due explanation, ensure remedial actions are taken as necessary by the Executive Team and regular reports provided to the Board of Directors.</p> <p>To liaise with other Committees as necessary to co-ordinate HR plans, particularly the Quality and Performance Committee.</p> <p>To ensure that the Trust has an effective Communications and Engagement Strategy.</p> <p>To ensure that the</p> <p>To oversee HR Policy Development within the Trust, reviewing and approving on behalf of the Trust Board policies and procedures that, under the Trust's Standing Orders, require Trust Board approval and fall within the scope of the Committee's terms of reference, otherwise receive assurance from the appropriate management committee around the implementation of a robust process for the review and approval of relevant policies.</p>
<p>6.3</p>	<p><u>Estates Strategy</u></p> <p>To review the Trust's Estates Strategy, its formulation, development and implementation, its links to service and financial strategies and compliance with all legislative duties and national targets and thus ensure that the Trust's capital assets are properly and effectively utilised.</p> <p>To seek assurance on behalf of the Trust Board that the Estates Strategy is linked to the delivery of the Trust's financial, clinical and operational service objectives; that there is an up to date asset register linked to service provision; there is effective space utilisation and a robust disposal policy for redundant estate.</p> <p>To seek assurance on behalf of the Trust Board that the Trust has appropriate strategies relating to the environment and sustainability and policies are effectively implemented and monitored.</p>
<p>6.4</p>	<p><u>Investment Strategy:</u></p> <p>To scrutinise business cases for all major capital investments (all material and significant investments) to provide assurance to the Trust Board that in reaching its decision on the business case it has complied with the independent regulator's requirements and that it has considered any other factors which the Committee feels is relevant to the decision.</p> <p>To approve to progression of ITT stage of strategically significant tenders or tenders requiring the commitment of resources above a limit set in the Trust's Scheme of Delegation.</p>

	<p>To recommend to the Trust Board, and, on approval, oversee and regularly review all Trust policies and procedures with respect to investment strategy in line with current NHS guidance and relevant accounting standards to ensure the delivery of agreed financial objectives.</p> <p>To agree principles and approach for substantial or material contracts and be a point of referral in negotiations if required.</p> <p>To agree principles and approach for lease arrangements.</p>
6.5	<p><u>Business Development</u></p> <p>Consider, review and advise the Trust Board, in respect of any proposals for significant new business development opportunities, including tender submissions and bid status, ensuring that these will minimise financial and clinical risk, and increase service effectiveness and efficiency.</p> <p>Undertake a regular review of provider competition and potential business partners in the county and wider health economy and maximise business opportunities.</p> <p>Review the Trust's business development plans and all underlying principles.</p> <p>Review all business cases to confirm Trust resources are focussed on relevant areas.</p> <p>Review any market analysis undertaken by, or on behalf of, the Trust.</p>
6.6	<p><u>Governance</u></p> <p>Ensure that the indicators and outcomes used to evaluate financial and workforce performance are appropriate to enable the Trust Board to monitor the organisation's adherence to its vision, values and strategic objectives.</p> <p>Ensure that all risks as appropriate to the Committee are captured and recorded, and that salient risks are escalated to the Board Assurance Framework: moreover, identify and enact all mitigations as may be relevant.</p>
7.	<u>Frequency and Review of Meetings</u>
7.1	The Committee will usually meet 6 times a year. The Chair may agree further meetings if necessary.
7.2	These Terms of Reference will be reviewed annually, with any change recommended to the Trust Board for approval following approval by the Resources Committee. This review will include a self-assessment of its effectiveness in discharging its responsibilities as set out.

Trust Board

Date of Meeting: November 2018

Report Title: Finance Report

Agenda reference Number	14/1118
Accountable Executive Director (AED)	Sandra Betney
Presenter (if not AED)	
Author(s)	Johanna Bogle
Board action required	To note
Previously considered by	Not Applicable
Appendices	App 1 : Main M7 Finance Report

Executive Summary:

This report provides an overview of the Trust's financial position for Month 7 of 2018/19.

1. Background

The Trust financial context for 2018/19 is summarised below.

- Revised Control Total surplus is £3.078m including £1.996m of Provider Sustainability Funding (PSF). This has increased by £90k since the last report, due to NHSI 2 for 1 additional PSF for improved surplus confirmation.
- Capital spend plan is £5.226m, matching the CRL allocation.
- Cost Improvement Plan (CIP) target is £5.3m
- Agency spending cap is £2.232m
- Income potential Commissioning for Quality and Innovation (CQUIN) and Quality, Innovation, Productivity and Prevention (QIPP) are £1.9m and £3.9m respectively

M7 year to date performance is as follows:

- Year to date surplus, including PSF, is ahead of plan by £0.03m at £1.66m.
- Capital spend to date is £0.47m.
- Cash at the end of Month 7 is £16.5m compared to plan of £10.6m.
- YTD agency spend is £0.97m compared to a plan figure of £1.30m

Single Operating Framework indicators are green. Details are on page 7 of Appendix 1 to this report.

Recommendations:

The committee is asked to note the content of the report and the risks at page 6 of Appendix 1 to this report.

This page has been left blank

2018/19 Month 7 Finance Report

v 1.2

Overview

- Month 7 reflects the new additional planned surplus of £90k, following 2 for 1 Provider Sustainability Funding from NHSI. We agreed to increase our surplus by £30k, and they matched this with £60k extra income.
- The year to date surplus is ahead of plan by £0.03m at £1.66m. The current full year forecast is ahead of plan by £0.06m at £3.16m (including PSF of £2.00m)
- The Agenda for Change (AfC) pay award cost and funding is included in the current YTD and Forecast position. An impact of up to £0.50m is expected in 18/19, which we will cover through non-recurrent underspends. The recurrent shortfall is £0.5m for 19/20. There is not yet confirmed detail on recurrent funding arrangements for 2019/20.
- Agency ceiling is £2.23m (17/18 full year spend was £2.04m) Full year forecast is under this at £1.46m, Month 7 year to date is £0.97m compared to a plan of £1.30m.
- Full year Cost Improvement Plan (CIP) target for the full year is £5.28m. The CIP amount removed from full year budgets is £2.75m so far, from the following schemes: 1% Schemes £1.06m; Differential Targets £1.15m and Challenge Schemes £0.54m.
- Full year income from Quality, Innovation, Productivity and Prevention (QIPP) schemes is forecast as the full amount available of £3.4m. All schemes are finalised with the CCG.
- Full year income from Commissioning for Quality and Innovation (CQUIN) schemes is currently forecast £0.1m under the £1.9m plan at £1.8m.
- Cash balance at the end of month 7 is £5.85m above plan at £16.50m. The positive variance is partly due to slippage on the capital plan cash outlay.
- Capital spend for the year to date is £0.47m. The Capex group have reviewed the forecasts and are assured that the full CRL of £5.23m is expected to be spent by year end.

Income and Expenditure

Year to date performance to Month 7 is ahead of the improved plan at £1.66m and full year forecast is ahead of plan at £3.16m

The summary I&E below shows differences to plan on Year to Date Income, Pay and Non Pay Costs

At service level there are overspends in Urgent Care and Challenge CIP, offset by underspends in Integrated Community Teams, Community Hospitals, Countywide and Children's services

Statement of comprehensive income £000	2017/18	2018/19	2018/19 Year to Date			2018/19
	Full Year Actual	Full Year Plan	Plan	Actual	Variance	Full Year Forecast
Operating income from patient care activities	109,889	108,260	63,341	65,703	2,362	111,478
Other operating income exc PSF	1,048	1,380	805	842	37	1,391
Employee expenses	(78,529)	(77,750)	(45,353)	(46,972)	(1,619)	(80,865)
Operating expenses excluding employee expenses	(28,918)	(29,104)	(17,066)	(17,866)	(800)	(29,166)
PDC dividends payable/refundable	(1,666)	(1,800)	(1,050)	(979)	71	(1,760)
Surplus/(deficit) before impairments and transfers	1,824	986	677	728	51	1,078
Remove capital donations/grants I&E impact	97	120	70	50	(20)	84
Surplus/(deficit) exc PSF	1,921	1,106	747	778	31	1,162
Provider sustainability fund (PSF) income	3,642	1,996	884	884	0	1,996
Surplus/(deficit) inc PSF	5,563	3,102	1,631	1,662	31	3,158
Control total including PSF	1,986	3,078	1,617	1,617	0	3,078

Balance Sheet

STATEMENT OF FINANCIAL POSITION (all figures £000)		2017/18	2018/19	2018/19 Year to Date			2018/19
		Full Year Actual	Full Year Plan	Plan	Actual	Variance	Full Year Forecast
Non-current assets	Intangible assets	1,000	1,000	1,000	972	(28)	827
	Property, plant and equipment: other	58,709	64,159	63,389	57,438	(5,951)	61,099
	Total non-current assets	59,709	65,159	64,389	58,410	(5,979)	61,926
Current assets	Inventories	228	228	228	228	0	228
	NHS receivables	4,817	1,000	1,063	5,905	4,842	2,543
	Non-NHS receivables	1,939	3,130	3,130	2,414	(716)	2,137
	Cash and cash equivalents:	12,354	11,278	10,639	16,489	5,850	12,644
	Total current assets	19,338	15,636	15,060	25,036	9,976	17,552
Current liabilities	Trade and other payables: capital	(1,533)	(500)	(500)	(230)	270	(230)
	Trade and other payables: non-capital	(8,283)	(8,063)	(8,063)	(12,219)	(4,156)	(5,516)
	Borrowings	0	(148)	(148)	(148)	0	(211)
	Provisions	(160)	(138)	(138)	(65)	73	(77)
	Total current liabilities	(9,976)	(8,849)	(8,849)	(12,662)	(3,813)	(6,034)
Non-current liabilities	Borrowings	(221)	(115)	(190)	(117)	73	(1,315)
	Total net assets employed	68,850	71,831	70,410	70,667	257	72,129
Taxpayers Equity	Public dividend capital	79,982	79,982	79,982	80,187	205	80,187
	Revaluation reserve	610	609	609	610	1	610
	Other reserves	(2,398)	(2,398)	(2,398)	(2,398)	0	(2,398)
	Income and expenditure reserve	(9,344)	(6,362)	(7,783)	(7,732)	51	(6,270)
	Total taxpayers' and others' equity	68,850	71,831	70,410	70,667	257	72,129

Capital and Cash

Capital schemes	2018/19	Year to Date		2018/19	2018/19	2019/20	2020/21	2021/22	2022/23
	Plan	Plan	Actual	M5 Revised CRL	FY Forecast	Plan	Plan	Plan	Plan
Gloucester base	3,400	3,400	251	786	786	0	0	0	
Cheltenham Base	0	0	0	1,529	1,725	0	0	0	
Forest of Dean	800	800	0	50	50	2,500	5,000	1,850	
Urgent Treatment Centres						500			
Building refurbishment	2,250	1,000	201	1,485	1,210	750	750	750	1,000
Backlog Maintenance		125					500	500	250
IT replenishment	600	300	0	600	600	600	600	600	600
IT Network replacement	300	175	3	300	300	300	300	300	1400
Medical Equipment	500	280	10	271	350	200	200	200	200
Total	7,850	6,080	465	5,021	5,021	4,850	7,350	4200	3450
DHSC Wifi Network Funding (additional CRL)				205	205				
Grand Total	7,850	6,080	465	5,226	5,226	4,850	7,350	4,200	3,450

- Year to date spend for month 7 is £465k. Current level of spend approved and forecast is £5.226m
- £2.8m of the Gloucester Base was planned as capital expenditure, but has been amended to be an operating lease in year.
- The work on the Gloucester base £786k and Cashes Green £500k (which is included within Building refurbishment) have started and are planned to complete in Q3.

Cash position at the end of the month 7 is a positive balance of £16.5m

- This is £5.85m higher than plan. £2.8m of this is due to the Southgate Moorings lease incorrectly showing in the plan as a cash outlay in May. This has been corrected in our cash forecast. £3.3m of other capital spend is significantly below plan for the year to date.

Cash Flow Summary

Statement of Cash Flow £000	ACTUAL YTD		FORECAST FY	
	to Oct 2018			
Cash and cash equivalents at start of period		12,354		12,354
Cash flows from operating activities				
Operating surplus/(deficit)	2,538		4,751	
Add back: Depreciation on donated assets	50		90	
Adjusted Operating surplus/(deficit) per I&E	2,588		4,841	
Add back: Depreciation on owned assets	2,729		3,697	
(Increase)/Decrease in trade & other receivables	(1,561)		2,077	
Increase/(Decrease) in provisions	(95)		(83)	
Increase/(Decrease) in trade and other payables	1,768		(3,301)	
Increase/(Decrease) in other liabilities	(123)		(123)	
Net cash generated from / (used in) operations		5,306		7,108
Cash flows from investing activities				
Interest received	53		83	
Purchase of property, plant and equipment	(465)		(5,226)	
Net cash generated used in investing activities		(412)		(5,143)
Cash flows from financing activities				
PDC Dividend (Paid)/Received	(655)		(1,555)	
Finance Lease Rental Payments	(104)		(120)	
		(759)		(1,675)
Cash and cash equivalents at end of period		16,489		12,644

Risks

Risks to delivery of 2018/19 position, as well those carried into 2019/20, are as set out below:

	Initial Risk/ (Opportunity) identified at plan	18/19 Mitigated Risk at month 7	Month 7 Change	19/20 Risk at month 7	Month 7 Change
Delivering required recurrent CIP	1,500	0	0	1,100	0
Delivering required non recurrent CIP	500	0	0	0	0
Delivery of non rec savings in year to offset CIP phasing	1,000	0	0	0	0
Delayed agreement of capital limit impacts STP and CIP work	300	0	0	0	0
In-year impact of unfunded elements of July pay award	600	0	0	451	-549
Unbudgeted elements of 2G integration work	200	0	0	0	0
VAT changes impacting recovery on System1	100	134	0	77	0
QIPP risk share (MSK)	900	393	0	0	0
Delivering CQUIN in line with plan (H&WB and 'Flu vac uptake at risk)	2,000	128	-272	0	0
Managing agency spend within cap	663	0	0	0	0
GCC rental charges on ICT bases	500	0	0	229	0
GCC Management Charge	150	0	0	134	-16
	8,413	655	-272	1,991	-565

Single Operating Framework

	Audited PY 31/03/2018 Year ending Number	Plan 31/10/2018 YTD Number	Actual 31/10/2018 YTD Number	Plan 31/03/2019 Year ending Number	Forecast 31/03/2019 Year ending Number
Capital service cover rating	1	1	1	1	1
Liquidity rating	1	1	1	1	1
I&E margin rating	1	1	1	1	1
I&E margin: distance from financial plan	1		1		1
Agency rating	1	1	1	1	1

All indicators are green.



Trust Board

Date of Meeting: 28th November 2018

Report Title: Audit and Risk Assurance Committee Update

Agenda reference Number	15/1118
Accountable Executive Director (AED)	Sandra Betney, Director of Finance
Presenter (if not AED)	Richard Cryer, Chair of Audit and Risk Assurance Committee
Author(s)	Sandra Betney, Director of Finance
Board action required	To note and approve
Appendices	Committee Terms of Reference – to approve

Executive Summary

This report provides assurance to the Trust Board that the Audit and Risk Assurance Committee is discharging its responsibility for oversight of the Trust's independent and objective review of its financial systems, financial information and compliance with laws, guidance and regulations governing the NHS.

It confirms:

- Decisions made by the Committee in line with the Trust's Scheme of Delegation.
- Progress made against the Trust's audit and risk assurance activities
- The key risks and issues identified by the Committee and the actions taken to mitigate these risks.

Recommendations:

The Board is asked to:

- NOTE** the contents of the Audit and Risk Assurance Committee report.
- APPROVE** the amended Audit and Risk Assurance Committee's Terms of Reference.

Related Trust Objectives	1.2.4.5.
Risk Implications	Risk issues are clearly identified within the report
Quality/Equality Impact Assessment Requirements/implications (QEIA)	No equality implications identified
Financial Implications	Finance implications are clearly referenced in the report
Legal/Regulatory Implications	Legal/Regulatory implications are clearly referenced in the report

Audit and Risk Assurance Committee Update

1 Introduction and Purpose

The Audit and Risk Assurance Committee met on the 19th November 2018. Key Issues considered by the Committee were Internal Audit and Counter-Fraud Updates, Finance Compliance, Wider System Governance, the Board Assurance Framework, Merger Issues relating to the Remit of the Committee, Year End Reporting and the Committee's general remit.

2. Internal Audit Reports

Members considered the Internal Audit Reports

It was agreed that a number of Reports should be shared with other Board Committees to provide assurance and also to ensure required actions were progressed.

Information and Performance – Place Based Reporting – Advisory Report

This report concluded that users were broadly positive about the move to locality based working informing reporting, but that a lack of clarity on the strategy and approach towards this style of reporting meant that the current trial report was inadequate and insufficient. It was highlighted that clarity on “place” had not yet been agreed. It was agreed this issue should be highlighted to the Board and the Resources Committee.

Financial Budgeting and Monitoring Audit – Low Risk Rating

The Committee was pleased with the Low Risk Assessment rating from this report noting the areas of good practice highlighted and that only 4 low level recommendations had been made.

CQC Action Plan and Well Led Review – Low Risk Rating

The Committee was pleased with the Low Risk Assessment rating from this report and agreed it should be shared with the Quality and Performance Committee for assurance. It was noted that there was 1 medium level recommendation which related to the lack of progress with regard to ensuring universal annual staff appraisals, that this issue continued to receive both management and Non-Executive focus.

Transaction Governance and Programme Management (TGPM) – Medium Risk Rating (a report shared with 2gether NHS FT)

The Committee noted the areas relating to the TGPM plan for the merger identified for further action:

Lack of assurance of availability of Resources (Medium Risk) and, in particular, the need to develop a resource capability plan for executing the activities within the Transition and Transformation Programme

Lack of appropriate benefits management (Medium Risk) and, in particular, the fact that benefits had not yet been baselined, benefit measures remained to be identified and a benefits realisation plan was lacking.

Engagement of elements within the Transaction Governance Programme Management Plan (low risk)

Conflict of Interest Declaration (low risk)

Alignment of Transaction Governance Programme Management plan with best practice (advisory risk)

It was confirmed these recommendations were all being taken forward and that the Report would be reviewed by the Programme Management Executive, Non-Executive Directors and Strategic Intent Leadership Group. It was confirmed the Report had already been considered by the 2gether NHS Foundation Trust Audit Committee. Notwithstanding this, however, the Committee's view was that the Board needed to be assured that the identified areas were being addressed in a sufficiently timely manner having regard to the key importance for both trusts of the planned merger.

Audit Recommendations

It was confirmed that there were no concerns at this time relating to Audit Recommendation responses, although it was noted that some actions were being impacted by wider system matters.

3. Finance Compliance

The Committee was updated on the Trust's key compliance measures: Trust Aged Debtors, Trust Aged Creditors, Better Payment Performance, Fixed Asset Impairments, Special Payments and Waivers. It was confirmed there were no significant issues at this time and that more detailed analysis was to be completed and the Director of Finance would provide further assurance to members once reviewed.

4. Board Assurance Framework

This was considered in detail by the Committee in line with their revised responsibility. This is covered in detail within the Board Assurance Agenda Item.

5. **Committee Terms of Reference**

The Committee considered the updated Terms of Reference and agreed they should be taken to the Board for approval. It was noted that the Committee would receive updates on relevant system issues, such as the ICS.

6. **External Audit Update**

The Committee was updated that the External Auditors had commenced the planning for the audit for the year ending 31 March 2019 and that they were also commencing the planning for the audit work required for the part-year accounts, currently targeted to cover the period from 1 April 2019 - 30th June 2019 (subject to the acquisition taking place on 1 July 2019). The Committee recognised the work and resources implications for the Trust to undertake two set of accounts, annual reports and audits in a short period of time whilst the transition process was ongoing.

7. **Assurance Updates**

It was confirmed that the Counter Fraud Team had no issues of concern to raise. It was noted that Lee Sheridan (head of the LCFS) would be moving on from his role in 2019. He was thanked for his contribution to the Audit Committee.

The Interim Annual Security Report was noted. The production of this had been aligned with 2gether for ease going forward. There were no issues of significant concern at this stage.

Compliance Report – Legal, Subject Access Requests and Freedom of Information Requests. It was noted that legal claims levels remained low. It was noted that the number of Subject Access Requests and Freedom of Information Requests had increased, it was confirmed this was a trend other Trusts were experiencing.

8. **Merger Update**

The Committee, informed by an earlier discussion on Due Diligence, considered the Due Diligence proposal. In addition to due diligence the reporting account would cover;

- Working Capital Opinion
- Financial Reporting Procedures

Two additional external opinions may also be required on;

- Quality Governance
- Post Transaction Integration Plan

The Committee endorsed the planned approach to procure the required work to provide the Working Capital and Financial Reporting Opinions. It was noted that the Trust was to provide further information to NHSI to enable it to assess whether further independent opinions were required for the other due diligence areas.

The Audit Committee Chair confirmed that he had shared the Audit Plans and the Effectiveness review with the Audit Committee Chair at 2gether and that she would be attending future Audit Committees as an observer.

8. Conclusion

The Audit and Risk Assurance Committee has reviewed a range of assurance reports from across Trust and has maintained an independent and objective review, the report sets out issues of note.

7. Recommendations

The Board is asked to:

- (i) **NOTE** the contents of the Audit and Risk Assurance Committee report.
- (ii) **APPROVE** the amended Audit and Risk Assurance Committee's Terms of Reference.

Audit and Risk Assurance Committee

TERMS OF REFERENCE

1.	Purpose
1.1	The Audit and Risk Assurance Committee will provide the Board of Gloucestershire Care Services NHS Trust (GCS) with an independent and objective review of its governance and assurance processes; including internal control, risk management, financial systems, financial information and compliance with laws, guidance and regulations governing the NHS.
2.	Membership
	<p>Three Non-Executive Directors, one of whom will be appointed Chair.</p> <p>Any other Non-Executive Trust Board Member, (except the Chair) may attend the meetings and would contribute to the quorum.</p> <p>At least one member of the Committee shall have recent, relevant financial experience.</p> <p>The Chair of the Board shall not be a member of the Committee. Executive Directors may not be members of the Committee but may be invited to attend.</p> <p><u>In attendance:</u></p> <p>Finance Director Local Counter Fraud Specialist at least twice a year Trust Secretary or Deputy Chief Executive, annually at a minimum, to discuss the assurance process for the Annual Governance Statement Internal Auditors (every meeting) External Auditors (minimum twice a year)</p> <p>At least once a year the Committee will meet privately with the external and internal auditors and the Local Counter Fraud Specialist, all of whom additionally have a right to direct access to the Chair of the Committee.</p>
	Other Officers of the Trust may attend at the discretion of the Committee Chair.
3.	Quorum
	Two Members.
4.	Reporting Arrangements
4.1	The Audit and Risk Assurance Committee will update each routine Board meeting on its activity, highlighting decisions made, issues being progressed and concerns requiring further consideration or decision by the Board.
4.2	The Committee will report to the Board annually on its work in support of the Annual Governance Statement.
4.3	The Committee will advise any key issues or concerns which require consideration by another of the Board's committees. The Chair will work with the Chairs of other Board Committees to ensure that where there are apparent overlaps in the work of the

	Committees, which will inevitably arise from time to time, every effort is made to ensure that duplication of work is avoided.
5.	Powers
5.1	The Trust's Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation shall apply to the Audit and Assurance Committee.
5.2	The Committee is authorised to obtain any external legal or other independent professional advice it considers necessary.
5.2	The Committee is authorised to establish sub-groups, to which it can delegate specific tasks or functions, whose activities it will monitor through the groups minutes or reports depending on the tasks or functions undertaken. The Committee will approve the terms or reference of the sub groups.
6.	Responsibilities
6.1	<p><u>Governance, Risk Management and Internal Control</u></p> <p>The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.</p> <p>In particular, the Committee will review the adequacy of:</p> <ul style="list-style-type: none"> • all risk and control related disclosure statements (in particular the Annual Governance Statement and declarations of compliance with the CQC Standards), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board • the underlying assurance processes, including the Board Assurance Framework, that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements • the policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and related reporting and self-certification • the effectiveness of the arrangements in place by which staff may, in confidence, raise concerns, particularly the Freedom to Speak Up/Whistleblowing procedures • the policies and procedures for all work related to fraud and corruption • the systems to secure value for money • information governance processes • the Trust's insurance arrangements • the operation of the Board's Committees to ensure that the Trust's governance responsibilities can be achieved <p>The Committee will maintain responsibility for the oversight of risk management across the Trust, oversee all risk management processes, including review of the Board Assurance Framework, the overarching Corporate Risk Register and operational (non clinical) risks rated as 12+ to ensure their effectiveness.</p> <p>In carrying out this work the Committee will utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from other committees, directors and managers as appropriate, concentrating on the overarching systems of</p>

	integrated governance, risk management and internal control, together with indicators of their effectiveness. This work should provide assurance that Board Committees adequately assure the Board that risks are appropriately managed.
6.2	<p><u>Internal Audit</u></p> <p>The Committee shall ensure that there is an effective internal audit function established by management, that meets mandatory NHS Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.</p> <p>This will be achieved by:</p> <ul style="list-style-type: none"> • consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal, • review and approval of the Internal Audit strategy, operational plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework • consideration of the major findings of internal audit work (and management's response), and ensuring co-ordination between the Internal and External Auditors to optimise audit resources • ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation • annual review of the effectiveness of internal audit, including independence and objectivity
6.3	<p><u>External Audit</u></p> <p>The Committee shall review the work and findings of the External Auditor and consider the implications and management's responses to their work.</p> <p>This will be achieved by:</p> <ul style="list-style-type: none"> • consideration of the appointment, through the Auditor Panel, and performance of the External Auditor, including consideration of independence and objectivity • discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan, and ensuring coordination, as appropriate, with other External Auditors in the local health economy • reviewing all External Audit reports, including agreement of the annual audit letter before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses.
6.4	<p><u>Financial Reporting</u></p> <p>The Committee shall review the Annual Report and Financial Statements before submission to the Board, focusing particularly on:</p> <ul style="list-style-type: none"> • the wording in the Statement on Internal Control and other disclosures relevant to the Terms of Reference of the Committee • changes in, and compliance with, accounting policies and practices • unadjusted mis-statements in the financial statements • major judgemental areas • significant adjustments resulting from the audit <p>The Committee should also ensure that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided to the Board. This will include:</p> <ul style="list-style-type: none"> • recommending updates to the Trust's Standing Orders, Standing Financial Instructions, Scheme of Reservation and Scheme of Delegation; monitoring

	<p>compliance and approving any waivers</p> <ul style="list-style-type: none"> • approving any schedules of losses and non HR compensation payments. <p>Review the schedule of debtor/creditor balances over 6 months old and over £5,000 or 2% of the aggregate amount, whichever is the greater.</p>
6.6	<p><u>Engagement</u></p> <p>Ensure effective on-going engagement and communication with all relevant internal and external stakeholders, including staff, service users, the public, Commissioners and other professional partners, as appropriate to the Committee's duties and remit.</p>
7.	<p><u>Frequency and Review of Meetings</u></p>
	<p>The Committee will usually meet 5 times a year, with additional meetings as requested by the Chair.</p>
	<p>These Terms of Reference will be reviewed annually, with any change recommended to the Trust Board for approval following approval by the Audit & Risk Assurance Committee. This review will include a self-assessment of its effectiveness in discharging its responsibilities as set out.</p>

TRUST PUBLIC BOARD - FORWARD PLANNER

Month	January	March	May / June	July	September	November
General Business						
Service User Story	x	x	x	x	x	x
Freedom to Speak Up Story			x			x
Questions from the public	x	x	x	x	x	x
Leadership & Strategy						
Chair's Report	x	x	x	x	x	x
Joint Strategic Intent update *			x	x	x	x
Executive Team Report	x	x	x	x	x	x
One Gloucestershire – Integrated Care System, including any consultation updates	x	x	x	x	x	x
Forest of Dean *			x	x	x	x
CQC Final Report			x			
Business Plan		x				
Quality And Operational Performance						
Quality and Performance Committee update	x	x	x	x	x	x
Workforce and Organisational Development Committee update (as required)	x	x	x	x	x	x
Quality and Performance Report	Month 9	Month 11	Month 12 and 1	Month 3	Month 5	x Month 7
Finance						
Finance Committee update	x	x	x	x	x	x
Finance Report	Month 9	Month 11	Month 1	Month 3	Month 5	Month 7
Budget		x				
Assurance						
Board Assurance Framework	x	x	x	x	x	x
Charitable Funds Update (as required)	x		x			
Audit and Assurance Committee Update	x		x		x	
Review of Quality and Annual Accounts				x		
Governance Update			x			
Strategies						
	Health, Safety and Security Strategy 2017 (every 3 years, DUE 2020)	Risk Management Strategy 2017(every 3 years, DUE 2020)		Workforce and OD Strategy 2016 (every 3 years , DUE 2019)	Clinical Strategy 2016 (every 3 years, DUE 2019)	Business Continuity Strategy 2016 (every 3 years, DUE 2019)
	Information Management and Technology Strategy 2017 (every 3 years, DUE 2020)	Charitable Funds position statement 2017 (every 2 years) DUE 2019		Finance Strategy 2017 (every 3 years) DUE 2020		
	Estates Strategy DUE 2018 (every 3 years)					
	Communication & Engagement Strategy 2017 (every 3 years, DUE 2020)					
Corporate						
Understanding You Report			x			x

* These items are contained within the Chief Executive or Chair's Report.

Every routine meeting will normally include:

- Welcome and Apologies
- Quoracy confirmation
- Declaration of Interests
- Approval of minutes from last meeting
- Action log
- Forward Planner
- Any other Business
- Date of next meeting
- Opportunity to informally review the meeting

This page has been left blank